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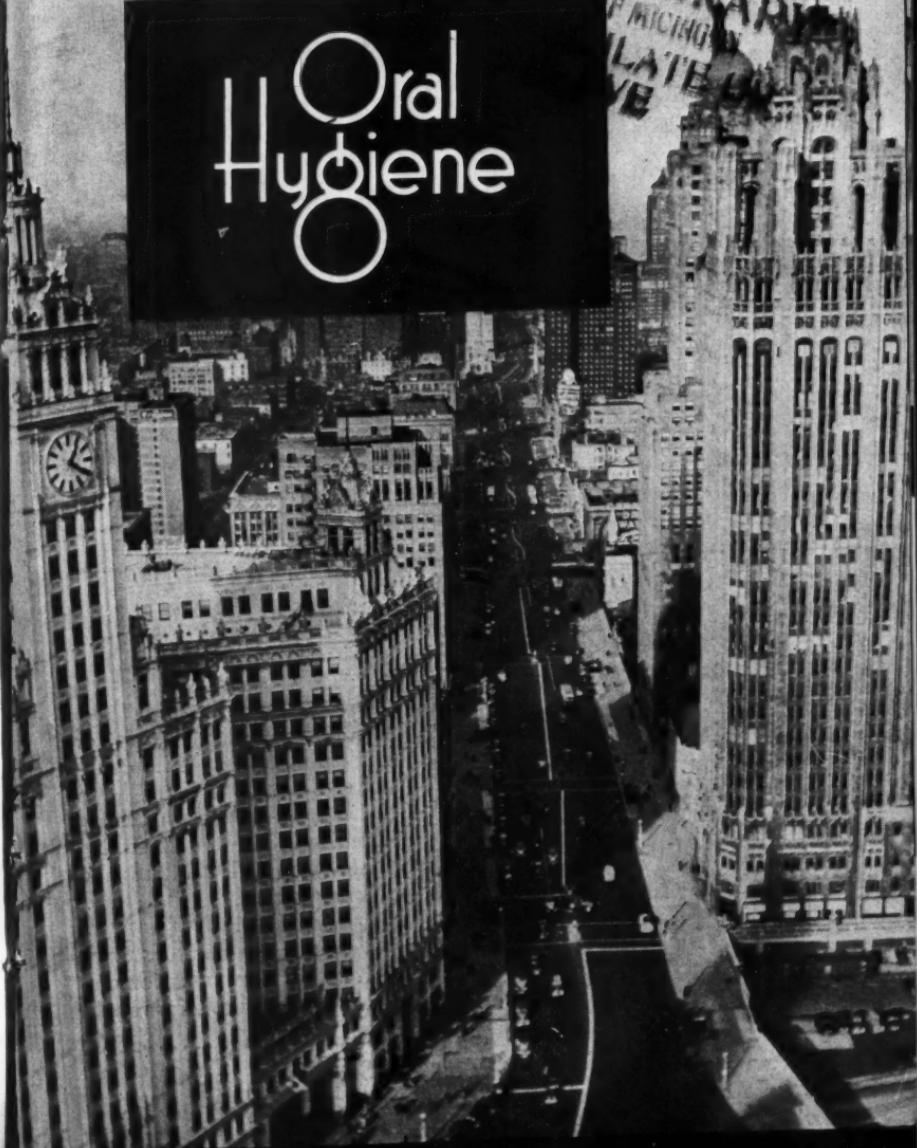
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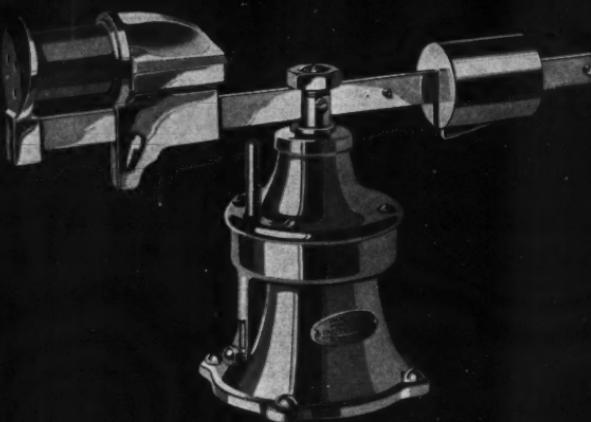
DETROIT

LATE FEE

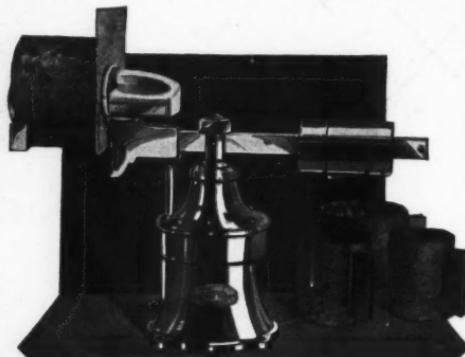
Oral Hygiene



For Large or Small Castings



PERFECTION CENTRIFUGAL CASTING MACHINE



Perfection Machine with Akers' Flasks and
Akers' Counterweight, for casting large cases.

With the addition of a set of four Akers' flasks, Akers' counterweight and an extra large crucible, the Perfection Casting Machine is adapted for casting partial and full dentures and other large cases.

For large or small castings,
it is simple in operation and
most dependable for results.

Price \$25.00

Set of four Akers' flasks and
counterweight \$3.50

Extra large crucible... .75

THE CLEVELAND DENTAL MFG. CO.
CLEVELAND, OHIO, U. S. A.

EXODONTIA SPONGES



TIME SAVING... ECONOMICAL

Made of filmated gauze, giving greater absorbency than plain gauze. No raw edges. No loose threads or cotton fibres. Machine-made. Uniform in size. Packed in convenient paper bags. Sterilized after packaging.

Small size, 2" x 2", box of 500, \$1.80.

Also available in larger quantities, non-sterile.

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DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

The Publisher's **CORNER**



BY MASS

NUMBER 211

Guest-conductor of the CORNER this month is Doctor Wallace G. Campbell, of Sunman, Indiana, whose contribution I am proud to print.—Mass

SIX YEARS AGO people seemed more acutely affected by the depression of that day than by the really more disturbing conditions now existing. It was then I made my first contribution to this department—a letter which mildly took its conductor to task for clouding up the CORNER with serious writing. The complaint was that for two successive issues these pages had served only to reflect the worry and anxiety of the times by dealing exclusively with certain so-called plans designed to expand shrunken dental incomes. The letter intimated that subjects of this kind were better left to stodgier minds for discussion in some other part of the book. And it further urged that the spirit of levity be recalled from its vacation to chase away the gloom and shoot a spray of sanitizing sunshine among the musty rubbers and damp umbrellas behind the wastebasket.

Much water has glided by the old mill since that letter was written, and during these years, for many of us, the harvests have been meager and the going exceedingly rough. Chastened now by Time's buffeting, I'd hesitate long, should the same provocation arise, before criticizing the well-meant endeavor, however short of maintaining the gay level of traditional CORNER entertainment it might fall. Yet now, more than then, it would seem superfluous and wasteful; the misuse of something intended to give joy—something bright and fragile. Rather like carrying coals to Newcastle in milady's shiny pony-phæton.

Dental journals are filled with articles on practice building, office management, and the like. I'm sure it is not overstatement to say there

After the EXTRACTION

...WHEN THE
ANAESTHETIC
WEARS OFF.



ANACIN

AIDS IN RELIEVING DENTAL PAIN

» » » ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis.

» » »

Free Anacin sample service to all dentists on request.

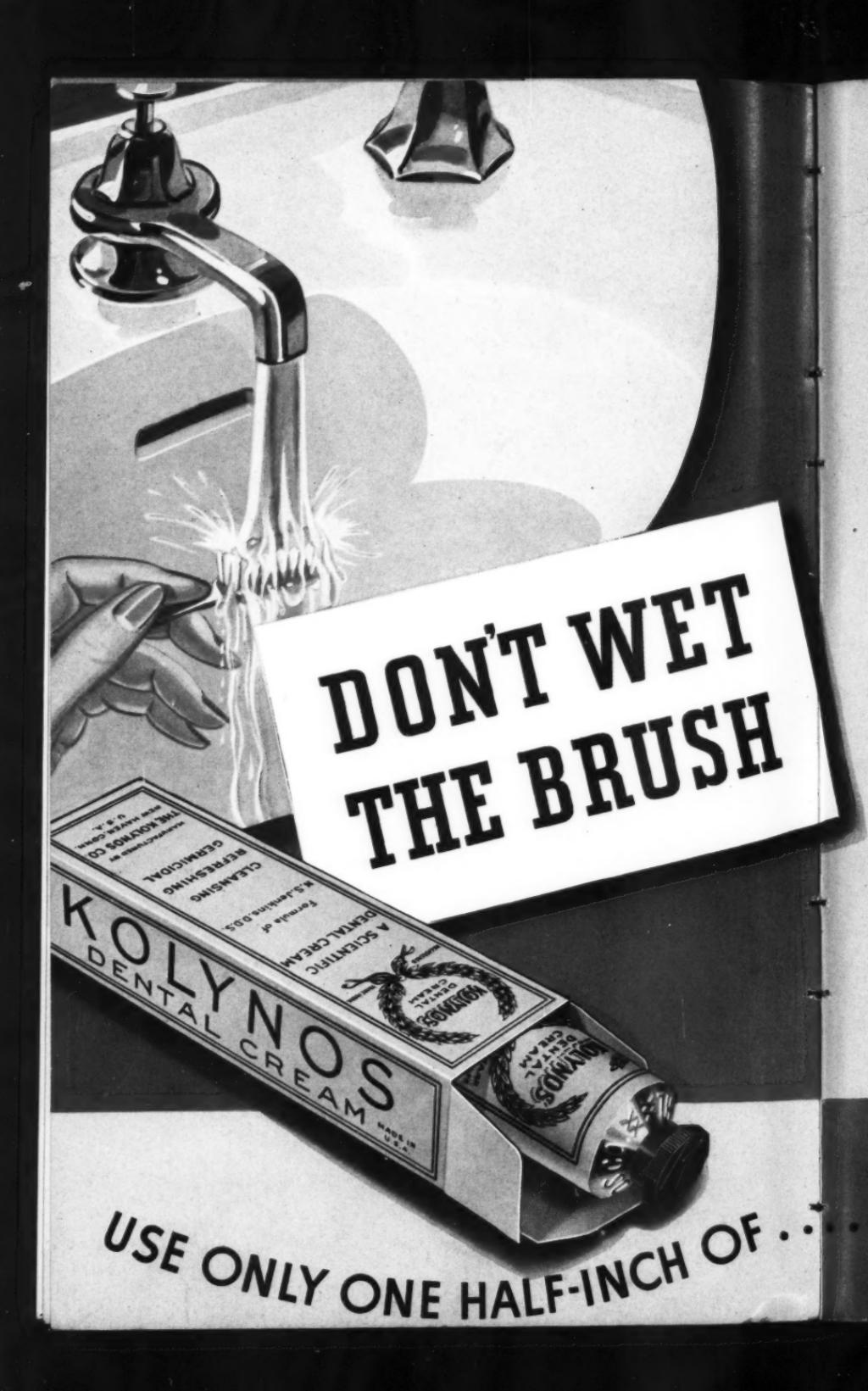
THE ANACIN COMPANY
JERSEY CITY, NEW JERSEY

DIRECTIONS
ANACIN is recommended for the relief of pain and discomfort due to tooth extraction, headache and neuralgia. Follow these directions:
Dose: 1 or 2 tablets with water. Repeat in two or three hours if necessary.
Cure of Mouth after Dental Work: Follow the instructions of your dentist. If excessive bleeding or swelling occurs after extraction, consult him at once.
Consume Few ANACIN Tablets

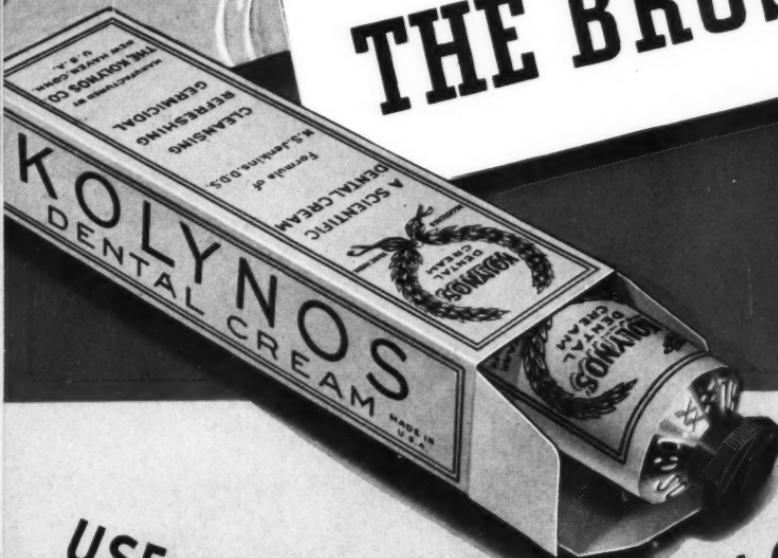
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Consume Few ANACIN Tablets





**DON'T WET
THE BRUSH**



USE ONLY ONE HALF-INCH OF ...

● When Dr. Jenkins developed Kolynos he added no water to his Dental Cream. He advised his patients to use Kolynos on a dry tooth brush. His instructions were:

"Don't wet the brush."

"Use only one half-inch of Kolynos on a dry tooth brush."

"Your saliva will furnish enough moisture to produce just the right amount of foam."

"As you finish the brushing add water and you will gradually rinse the creamy foam from the mouth, leaving your mouth clean and delightfully refreshed."

"You will find that Kolynos Dental Cream lasts twice as long when you use it as I advise."

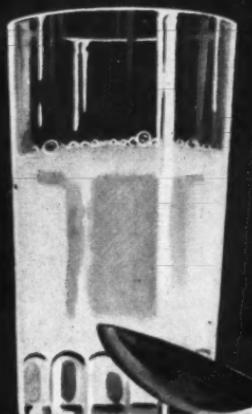
Kolynos today contains no added water—for this reason it is a concentrated Dental Cream. When used (one half-inch on a dry brush) as Dr. Jenkins advised, it lasts longer and is most economical.

●
THE KOLYNOS COMPANY
NEW HAVEN, CONN.



KOLYNOS
ON A DRY BRUSH

BiSoDoL



helps RELIEVE

ACIDIC HYPERACIDITY
AND DIGESTIVE UPSET
due to excess
STOMACH ACID

BiSoDoL COMES IN
TWO FORMS:

BiSoDoL Powder
for home and office use.

•
BiSoDoL Mints
Convenient tablet form —
fits in pocket or purse.

•
Samples Free
To the Dental Profession
on Request



THE BiSoDoL COMPANY
NEW HAVEN, CONN.

is quite a bit of sameness to them. Besides, there's an obvious efficiency, a go-getting ability about these writers that creates sadness in the souls of many of their less enterprising readers who know all too well they themselves will never take any medals for business efficiency or salesmanship. Now, isn't it reasonable to assume that an occasional bit of drollery—of a type different from the standardized Laffodontia-jokes—gives needed cheer and refreshment to these unfortunate victims of timid or easy-going temperaments?

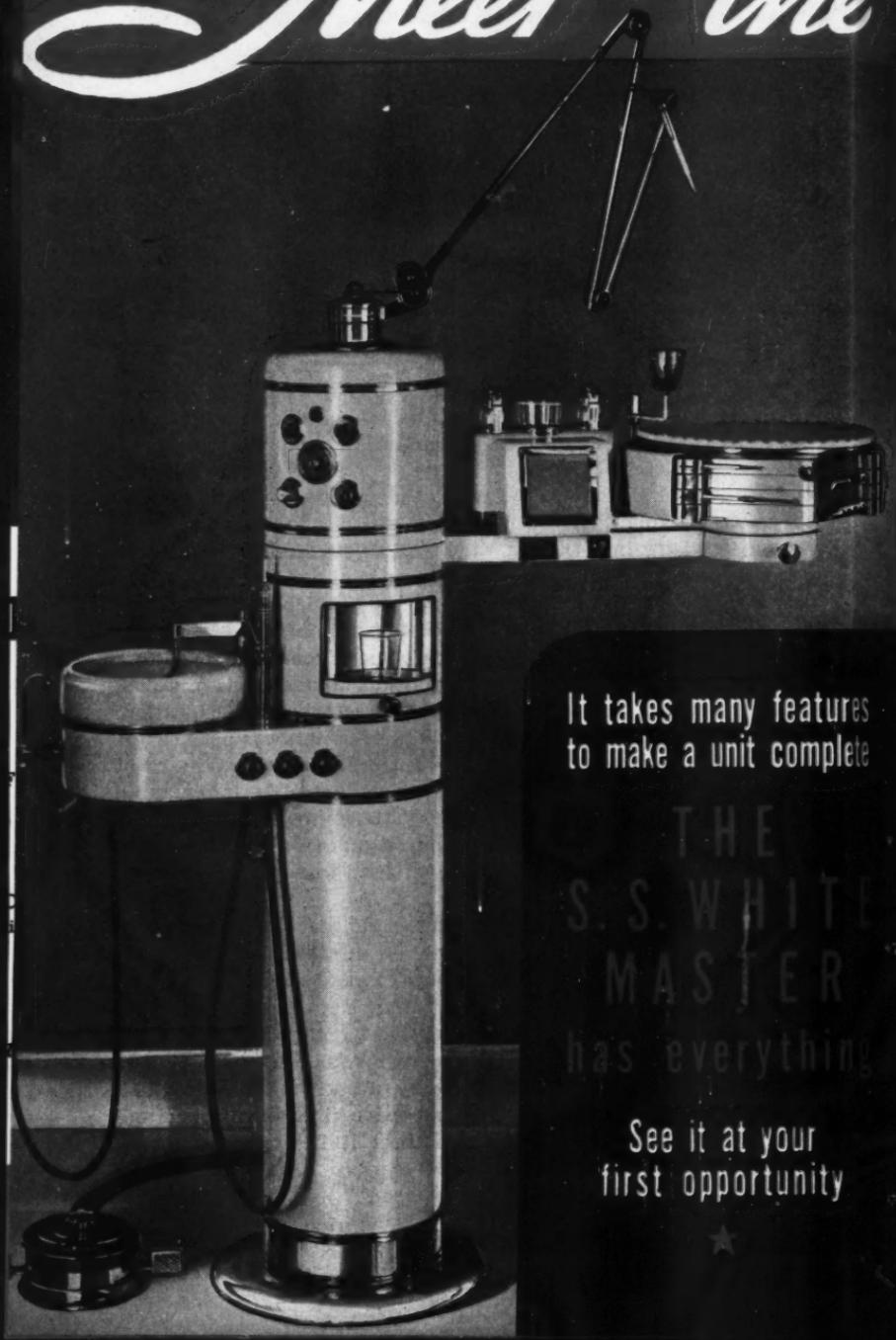
Having reached this point in apparent safety, we'll go a step further. But, understand, this applies perhaps least of all to this particular magazine. At the risk of bringing censure upon the head of a kindly publisher for permitting such heretical utterance in his own department, I submit, with fear and trembling, the thought that maybe—just *maybe*, mind you—it would be pleasanter for everybody, including themselves, if writers on professional subjects would cultivate a lighter and more simple style of expression—with less austerity of tone, less jaw-breaking jargon, less repetition of hackneyed terms and sayings—in their articles and, still better, if those having the gift for deft disclosure of an amusing viewpoint should not refrain from exercising it. To explain this revolutionary attitude takes us from the ranks of dentistry into the big wide world. It might not seem important were it not that a more damaging blight of drab monotony has settled upon our public press.

Under the same masthead, canned editorial opinion is spread the length and breadth of the land. Syndicated news comments by different writers, with a few notable exceptions, as alike as peas in a pod, the same pictures, "funnies," gags, and wisecracks. Modernization. Yes, but back of it a principle old when Methuselah was born. Regimentation of a sort, that's what it is—cutting a uniform pattern of thought and speech, dimming the lustre of individuality. It is making of us a nation of yes-men and copy-cats, uttering borrowed thoughts in borrowed phrases. A happy tradition, a unique characteristic of America's press and people, is being sacrificed to a modern demand for speed and economy.

And that is why this apostle of lightness and grace, fearing he may never get another chance, slogs heavily on in a petition for a little more gaiety and whimsicality in writing—more of what Milton called "*heart-easing mirth*." For he feels that unless man is equipped with a liberal portion of that infinite blessing, that vaguely defined element known as humor, civilization's noblest dreams shall never be realized. Fittingly described as the saving grace, by preserving the mental balance, keeping things in their true perspective, it saves man and nations from folly and disaster. It soothes; it heals; sometimes it sponges.

(Continued on page 8)

Meet the



It takes many features
to make a unit complete

THE
S.S. WHITE
MASTER
has everything

See it at your
first opportunity



S·S·WHITE MASTER

**The most sensational development
ever made in the dental unit • • •**

REFRESHINGLY NEW and so fundamentally right in appointments and design, it introduces a new beauty and convenience for the dental operating room.

Its studied simplicity of line is an inspiring origination by Henry M. Dreyfuss, one of America's foremost industrial stylists; its conception is another epochal triumph in equipment construction by S.S. White. Ask for literature.

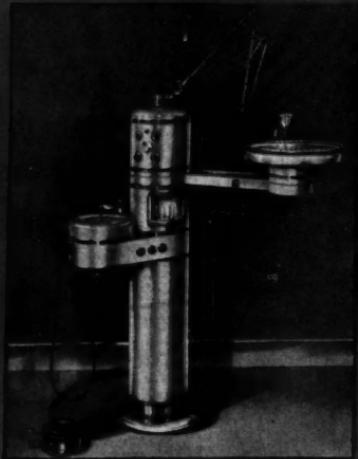
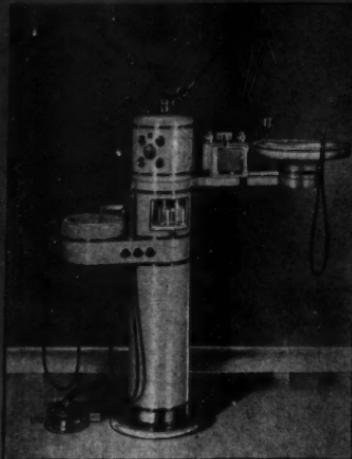
THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PA.

S. S. WHITE MASTER UNIT

UNIT J

WITH PLAIN TABLE

UNIT O



Westbrook Pegler, commenting relative to the threat of Federal grand jury action against organized medicine, in a few pungent paragraphs made a better case for that profession than one of its own pedantic spokesmen might have made in twenty pages. More power to his pen! May his tribe increase!

It looks as though this nation is going to need a well-developed sense of humor to combat the many goofy ideas emanating from high places, and to carry it safely through the present world crisis. There is nothing very amusing in the picture of tyranny, persecution, pillage, and wholesale murder we see abroad. Yet there is something definitely absurd in the spectacle of supposedly enlightened peoples, chanting rehearsed acclaim, goosestepping, and bowing abjectly to the fantastic whims of a few addle-pated, monstrously vain leaders who play with armies and their accompanying paraphernalia of destruction as children play with toys.

Could these grotesque figures have acquired such power had the peoples now groveling been generously endowed with an appraising sense of humor? I think not. Yet there they are, destroying libraries and churches, burning Bibles and demanding for themselves a degree of veneration heretofore accorded only to God. The reckless blasphemy of their conduct makes the behaviour of poor, demented Ajax defying the lightning, or that of the harassed, exasperated Vanderdecken, skipper of the ghost ship, *Flying Dutchman*, cursing his Maker because the weather didn't suit him, seem wise and prudent by contrast.

While saner nations stand aghast and bewildered, these egomaniacs are busy erecting vast structures of despotic rule on the wreckage of ravished weaker states. Sometimes they laugh, too, it is said. Perhaps so, but you may be sure there is more fear than real mirth in their cachinnation. And they have reason to fear; for theirs is not the last laugh—not if there is truth in these lines of Pope's:

"Heaven still with laughter the vain toil surveys,
And buries madmen in the heaps they raise."

Which seems a good place to stop—before our own hilarity becomes too boisterous.

ANNOUNCEMENT

We have had so many requests from dentists asking the prices of our preparations and whether or not they may be purchased in larger sizes than the Medi-well bottle, that we are taking this opportunity of publishing our price list, it is as follows:

DR. BUCKLEY'S LIQUID PREPARATIONS *in Medi-well bottle shown at left.*



MEDI-WELL BOTTLE

Acid Phenolsulphonic	.. \$1.00	Eucalyptol Compound	.. \$1.00
Dental Glycerite	..... 1.00	Formocresol	..... 1.00
Dental Liniment	..... 1.00	Phenol Compound	..... 1.00
<i>or six for \$5.00 any assortment.</i>			

The same preparations in the 2 ounce bottle shown at left are \$2.00 each, and the pint size is \$6.75.



2 OUNCE BOTTLE
(One half actual size)

The other three Dr. Buckley's preparations are priced as follows:

Benzocaine Paste	.....	\$1.50
Paraform Paste	.....	3.00
Zinc Compound	.....	1.50

For your convenience you will find a coupon at the bottom of the page with which you may order any preparations you might be in need of, or you can send for Dr. Buckley's FREE booklet entitled "Dental Therapeutics."

BUCKLEY PHARMACAL CO., NORTH HOLLYWOOD, CALIF.

California Dental Supply Co., Inc., 643 South Olive Street, Los Angeles, California
Kindly send me.....

.....
and charge thru my dealer.....

.....
 Send Free booklet Dental Therapeutics

NEW, DOUBLE-THICK TRUBASE FOR FORMING INDIVIDUAL TRAYS IN MUSCLE-TRIMMED IMPRESSIONS

HERE'S something you have been waiting for—TRUBASE served up in double-thick blanks especially for making "tailor-made" impression trays for taking muscle-trimmed impressions.

Many dentists have been using regular TRUBASE for this purpose for years, because it offers a stiff, rigid foundation and can be moulded and trimmed to proper form and size—something they could not do to a metal tray without ruining the tray.

Double-Thick TRUBASE will do the job still better.



DOUBLE-Thick TRUBASE is just twice as stiff and rigid as regular TRUBASE, offering as firm a foundation as any metal tray. Yet it softens readily when heated, in which state it can be shaped and trimmed to the exact form and size required for the case so as to offer no interference with the muscle-trimming. It cools hard, stiff and rigid.

On your next case, use Double-Thick TRUBASE and see how much better are the results.

DOUBLE-THICK TRUBASE

Put up in packages of 8 Blanks, uppers or lowers—
Your Trubyte Dealer has it.

THE
TRUBYTE SYSTEM
THE DENTIST'S SUPPLY COMPANY
OF NEW YORK

WILSON'S
CO-RE-GA
POWDERED

The Perfect Adhesive for Dentures

« Immediately after a patient is supplied with artificial dentures the use of CO-RE-GA is indicated; to help create confidence in the ability to wear them with satisfaction and to dispel any mental uneasiness or fear of the dentures becoming displaced »

DENTISTS-FREE SAMPLES FOR YOUR PATIENTS.
Mail Coupon

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. _____

COREGA CHEMICAL CO.
208 ST. CLAIR AVE. N.W.
CLEVELAND OHIO, U.S.A.
This Coupon is for Dentists use only

CO-RE-GA is not advertised to the public.



NO CHANCE OF ESCAPE

From the pursuit of nascent oxygen there is no escape for bacteria... which explains the usefulness of Vince as an aid in the treatment and prevention of Vincent's and other infections of the mouth and throat. A tea-spoonful of Vince in a half glass of water makes a pleasant mouthwash and gargle that releases its oxygen gradually. It cleanses and deodorizes.

Vince may be also used on the toothbrush as any dental powder, or it may be applied as a paste to affected surfaces. For the hygienic care of artificial dentures, Vince is unexcelled. A trial supply gladly sent if you ask for it on your letterhead.

VINCE *The oxygen-liberating antiseptic*
Supplied in tins of 2, 5 and 16 ounces

VINCE LABORATORIES, INC.
113 West Eighteenth Street • New York City



PROLONGED PAIN RELIEF

Here is a new and unusually pleasant way to bring your patients prolonged relief from dental pain and soreness . . .

Dillard's Aspergum

3½ grs. of the analgesic, aspirin, have been incorporated into a pleasantly flavored chicle base chewing gum.

Many uses for Dillard's Aspergum will at once suggest themselves to you. For example . . .

Preoperatively—to help relieve existing dental pain, allay nervousness, and reduce sensibility to operative instrumentation.

Postoperatively—as a safeguard against recurrent pain—mastication reduces stiffness of the jaws and muscles, increased saliva flow promotes healing.

During Periodontal Treatments—to exert a soothing, obtundent effect upon inflamed, sensitive gums, and minimize post-operative pain.

Let us send you a supply of Dillard's Aspergum for a test.

Promoted ethically and not advertised to the laity.



WHITE LABORATORIES, INC. Dept. O.H.-1
113 North 13th Street
Newark, N. J.

Gentlemen: Please send me samples of Aspergum for clinical trial.

Dr.

Address.

City. State.

Designed to
FIT THE PALM

The timely **BARD-PARKER**
Laboratory KNIFE HANDLE No. 5

is especially designed to provide dentists with an ideal knife for wax carving and compound work.

This practical Handle is constructed to utilize B-P blades which have served their surgical usefulness. It eliminates any necessity to use your B-P surgical handles for laboratory work.

The durable Bakelite Handle will accommodate B-P Rib-Back Blades Nos. 10, 11, 12 and 15. Order handles and blades by number.

Ask your dealer for demonstration

BARD-PARKER COMPANY, Inc.
 Danbury, Connecticut

B.P.
 A BARD-PARKER PRODUCT

NEEDED FOR MASSAGE BRUSHING

—this preparation

CONTAINS NO ABRASIVES, NO SOAP, NO SODIUM PERBORATE. A capful of Calsodent makes a glassful of solution. Used as a brushing dip, makes massage brushing pleasant; removes debris from brush; "cuts" mucin; has tonic effect on gingival tissue. Solution also acts as most effective mouthwash.

CAL-SO-DENT

Trade Mark Reg.
Dissolve 1 capful in
glass of water and use
as mouth wash and
dentifrice as directed
1 1/4 oz. two meals.

—this brush

BRUSH HEAD NOT TUFTED, NOT TOO LONG, NOT TOO BROAD, NOT TOO NARROW. Small head with crested brushing surface permits proper application against all gingivae. Spaced tufts penetrate into interproximal spaces. Bristles in Calsodent Brush keep resilience longer because they are base-end cuts of selected Chungking boar bristles.

CAL-SO-DENT BRUSH

SPECIAL OFFER TO DENTISTS—to insure home use of proper equipment

AT LESS-THAN-COST, the materials you need for instructing your patients in massage brushing or giving chair-massage treatments. Each Kit contains a 50¢ Calsodent Brush with

special Chungking bristles and a bottle of Calsodent that makes 2 1/2 quarts of massage-brushing solution. 5 Kits for \$1.00. At this price, only 30 Kits at a time.

**5
KITS
\$1.00**

CALSODENT CO., INC., 215 4th Ave., New York City
Please send me: 5 Kits; 10 Kits; 20 Kits;
 30 Kits—at your special price to dentists of 5 Kits for \$1.00. Each Kit is to contain a 50¢ Calsodent Brush and a 10¢ bottle of Calsodent.

Check enclosed

Send C. O. D.

Name D.D.S.

Address

City State OH-1-39

Also send me FREE your manual for dentists on
Massage Brushing.

**LITTLE THINGS
ARE SO
IMPORTANT**

Through attention to small details, dental science has learned to accomplish things that were utterly impossible in years gone by. The miracles of modern dentistry include prevention as well as cure of serious trouble. Dentists are trained to notice little things.

Patients seldom understand the wonders of the work the dentist does. But patients notice little things too. The cup on the cuspidor, for instance. It has come to be a symbol of cleanliness—put there especially for one individual patient—never to be used again.

The Dixie-Vortex Company supplies thousands of dentists with paper cups. This doesn't happen by chance because Dixie Cups and Vortex Cups suit the needs of the practicing dentist. A flat-bottomed cup with comfortable, rolled brim. And a cone-shaped cup that is strong and serviceable, storing in very little space. Ask your dental supply man to tell you more about these paper cups.

DIXIE-VORTEX
PAPER CUPS

Now KERR leads the way to Better Dentures



Dentists and Dental Laboratories are invited to make confident use of KERR CRYSTOLEX, a thermo-setting, acrylic resin developed by our chemists and possessing unique advantages as a denture material.

Unlike other plastics, this KERR CRYSTOLEX comes to you as a dry powder and a separate liquid. It therefore keeps fresh indefinitely and without refrigeration.

KERR CRYSTOLEX technique calls for no special equipment and is

gratifyingly free from critical steps.

The CRYSTOLEX Denture is light, tasteless, permanently life-like in color, free from warpage, and amazingly strong.

A KERR CRYSTOLEX Denture will delight your most discriminating patient.

Try KERR CRYSTOLEX. Specify KERR CRYSTOLEX to your Dental Laboratory.

KERR CRYSTOLEX is supplied in two package sizes containing six units and one unit respectively.

DETROIT DENTAL MFG. CO.

KERR

REG. U.S. PAT. OFF.

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PROSTHETICCLINIC

A DEMONSTRATION IN
DENTAL RESTORATIVE TECHNIQUE



VITALLIUM is the **ONLY**
true Cobalt-Chromium Alloy
developed and used for cast
full and partial dentures.



* TRADEMARK REG. U. S. PAT. OFF.

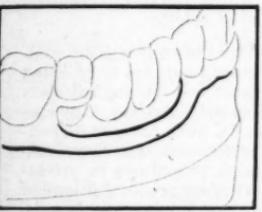
HAVE YOU RECEIVED YOUR COPY OF THE CLINIC ON LABIAL BARS?



Note clearance between surveying pin and ridge.



Note restoration of occlusal plane by onlay.



Note conformation of bar to tissue.

"Prostheticclinics" are treatises on the mechanical and structural aspects of prosthetic appliances designed to restore lost function and lost teeth.

The initial study describes, diagrams and illustrates a Lower Labial-Buccal Bar Construction of Vitallium.

As these studies are intended as addenda to the literature on visualized dentistry, you will no doubt want them for reference and filing.

If you have not received your copy, please write us.

AUSTENAL LABORATORIES, INC.

34 West 33rd Street
New York

5932 Wentworth Avenue
Chicago

Specify

VITALIUM

Through Your Authorized Vitallium Distributor

RECENT ADVANCES IN THE SCIENCE OF NUTRITION

V. Factors Affecting the Vitamin C Contents of Foods

Recent development of the chemical method for estimation of ascorbic acid (1) has permitted more thorough study of factors determining the vitamin C contents of foods. Circumspectly used, the 2, 6 dichlorphenolindophenol or "indicator" titration method for vitamin C determination has proven an invaluable tool in this phase of research.

It is now apparent that the vitamin C content of food at the time of consumption is conditioned, first, by the initial ascorbic acid content of the food at the time of harvesting, and second, by the treatment to which the food is subjected between the time of harvesting and the time of consumption.

The initial vitamin C level in raw foods has been found to depend on factors such as variety, maturity and growing conditions (2). Under usual conditions of food crop production, such factors are only partially subject to human control. However, the factors influencing vitamin C in foods from harvesting until consumption are capable of closer regulation by man.

For example, it is known that long storage at improper temperatures adversely affects the initial ascorbic acid contents of foods. Even at refrigeration temperatures raw foods may lose substantial amounts of vitamin C during storage. Rough handling—which causes rupture of vegetable tissue—is also conducive to vitamin C loss especially when followed by improper storage. Certain metals will catalyze vitamin C destruction and even commonly used

home-cooking methods are attended by losses of this essential dietary factor (2).

Briefly, preservation of vitamin C in foods between harvesting and consumption is essentially a problem of preventing or reducing oxidation, either enzymatic or atmospheric. In addition, physical or solution losses must be minimized in preparation of the food for the table. It is pertinent to note that modern commercial canning procedures are well adapted to control both these chemical and physical losses of vitamin C (3).

The use of prime raw stock and quick transport to the cannery after harvesting; rapid inactivation of enzymes through heat treatment; and large scale automatic operations with minimal exposure to air, are basic practices common to all modern canning procedures. All serve to check oxidative losses of the initial ascorbic acid present in raw foods. In addition, during canning, the foods are cooked by the heat process while contained in the sealed can. The liquid within the can, therefore, retains vitamin C which has been removed from the food by solution.

Researchers have shown that many commercially canned foods are to be listed among the most valuable contributors of vitamin C to the diet of the American people (2, 3, 4). Such findings demonstrate the effectiveness of modern commercial canning procedures in preservation to the highest practical degree of the initial vitamin C contents of foods.

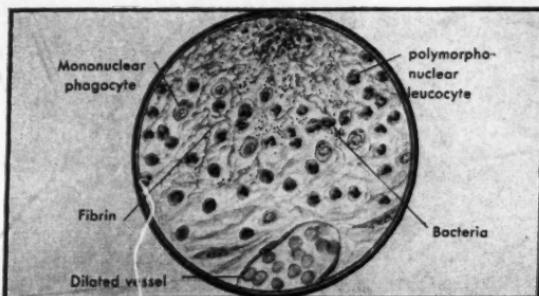
AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

(1) 1932. Ztschr. f. Untersuch. d. Lebensmitt. 63, 1.
1933, J. Biol. Chem. 103, 687.
(2) 1938. J. Amer. Med. Assn. 111, 1290.

(3) 1932. Ind. Eng. Chem. 24, 650.
(4) 1938. J. Amer. Med. Assn. 110, 650.
1937. Bull. 19-L Nat'l. Canners Assn., Washington, D. C., 4th Ed.

What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the forty-fourth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

BARRIERS AGAINST SYSTEMIC INVASION FROM ORAL FOCI—NO. 1



INFLAMMATION brings a multitude of phagocytes to the site of infection to destroy pathogenic organisms and attempt to check their spread. Bacteria, however, frequently overcome the natural defensive forces and, if the body's resistance is low, may invade the entire system.

Colonic Hygiene

HELPS MAINTAIN RESISTANCE

The dentist finds that routine use of **SAL HEPATICA** helps eliminate one of the common causes of lowered resistance—the waste-laden bowel. By providing **FLUID BULK** in the intestines, it stimulates gentle peristalsis to quickly flush wastes from the colon. The mineral salts combat excessive gastric acidity and, by inducing free flow of bile, aid digestive processes.

SAL HEPATICA resembles the action of famous mineral spring waters and makes a zestful, effervescent drink. Samples and literature available upon request.

SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature Toward
Re-establishing a Normal Alkaline Reserve

BRISTOL-MYERS COMPANY

19-L West 50th Street

New York, N. Y.



Carries forward your work

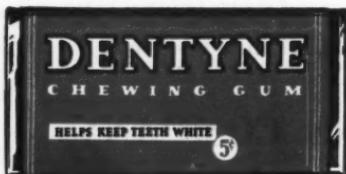
● Your patients will be grateful for a gift of spicily tempting Dentyne. More than a friendly treat, Dentyne is a successful practice builder.

This confection is a widely recognized aid to mouth health. Dentyne's specially firm consistency offers teeth the compensatory exercise so needed in this day of soft foods that require little or no

mastication. Chewing Dentyne improves the health of the supporting structures of the teeth by sending a more active supply of blood to the tissues. It also cleanses the teeth by non-irritating friction, and by interdental pumping of freely flowing saliva.

To obtain free Dentyne samples for your office—simply fill out and mail this coupon.

***** PLEASE SEND ME **FREE DENTYNE SAMPLES** *****



AMERICAN CHICLE CO., Long Island City, N.Y., Dept. O-1

Name _____

Address _____

VOL. 29, NO. 1

JANUARY
1939

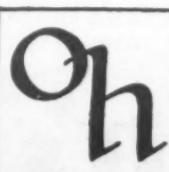
Oral Hygiene

EDITOR
Edward J. Ryan
B.S., D.D.S.

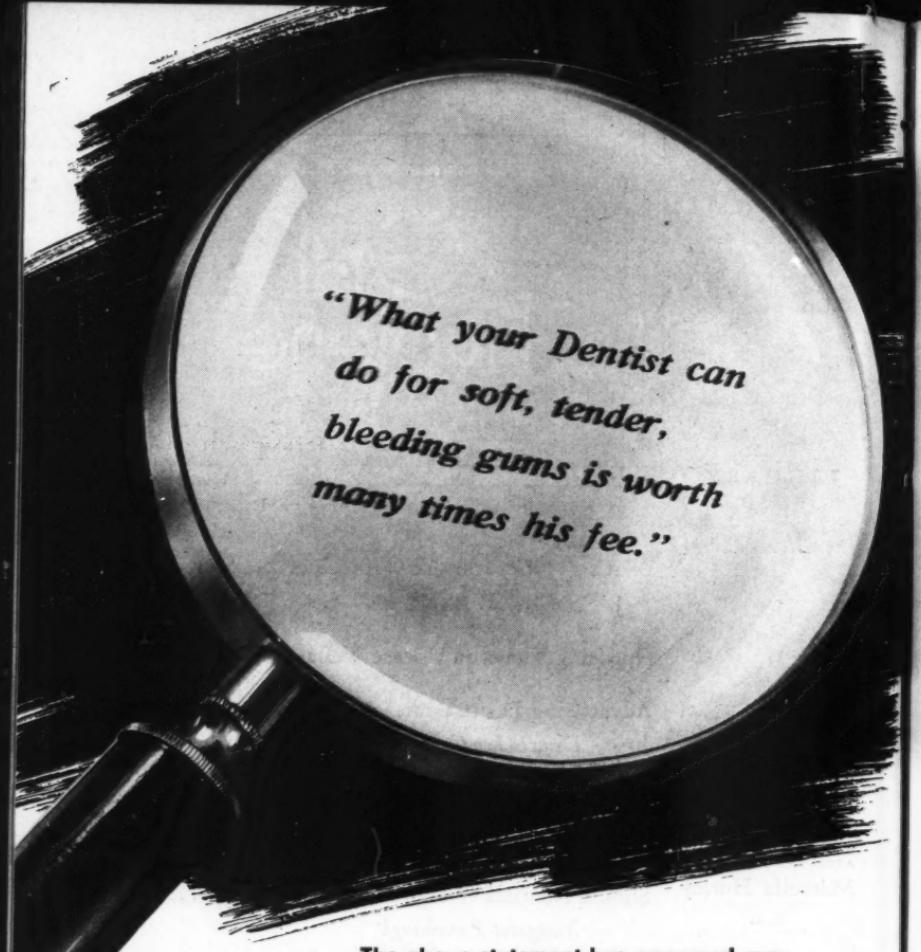
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DENTISTRY'S GREAT STORY GARBLED

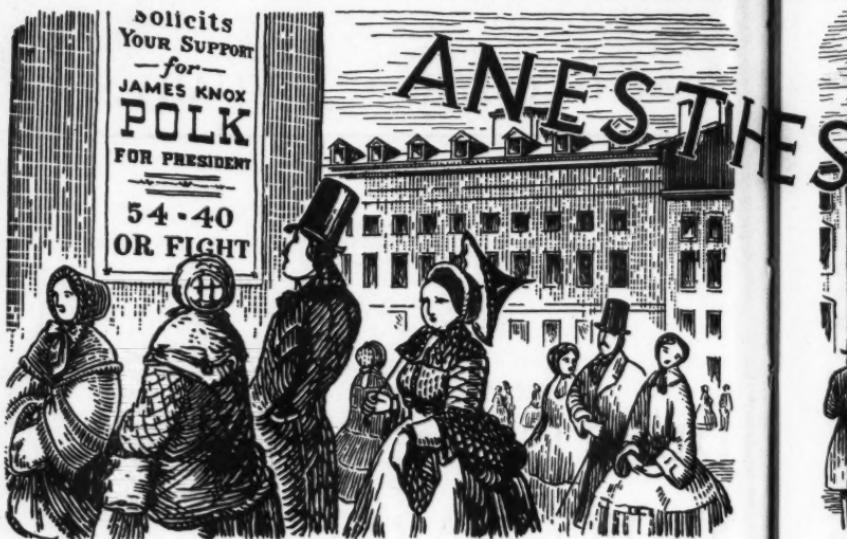
by HOWARD R. RAPER, D.D.S.

THE READER is entitled to know, first of all, how I happen to be writing about the discovery of anesthesia, for I have never published anything on the subject before. It is because the preparation of a manuscript, calculated to tell and preserve the true story of this great event, has been my favorite hobby for many years, and because the editor of *ORAL HYGIENE* once read a part of this manuscript and, with some justification I hope, looks upon me as a sort of authority on the subject. He has asked me to tell you what I think of René Fülöp-Miller's book, *TRIUMPH OVER PAIN*,¹ sub-titled ("The Story of

Anesthesia") which was offered to the public last August.

Before commencing the discussion of Mr. Miller's book, it might be helpful to indicate as briefly as possible some of the fundamental facts; for they are so buried in controversy that they are not widely or clearly known. Instead of arguing about who should be called the discoverer, suppose we make a little different approach. Taking the fact that prior to the nineteenth century there was no such thing as surgical anesthesia, as we know it, and the further fact that we now do have it, let us trace backward and see where it came from. Doing this, we are led immediately to Morton's famous ether demonstration at the Massachu-

¹Fülöp-Miller, René: *Triumph Over Pain*, Translated by Eden and Cedar Paul, Indianapolis and New York. The Bobbs-Merrill Company.



setts General Hospital on October 16, 1846. Going back of this to see where Morton got his idea, we are led at once to Horace Wells, Morton's preceptor in dentistry, who used nitrous oxide for surgical purposes, and told Morton and many others about it, as early as 1844. And there, my friends, the trail of *interdependent* events stops. It is very simple. Anesthesia came from Wells through Morton.

If we now elect to go back of this point we will find that several men came close to discovering and delivering anesthesia to mankind, but failed to do so. Prominent among these were Davy and Long. In 1800, Sir Humphry Davy, the English chemist, suggested that nitrous oxide might be used to allay the pain of surgery, but he did not

follow up the idea himself and nobody else was moved to action by it. Wells did not know of it. In 1842, Crawford W. Long, a physician of Georgia, gave ether to a patient, whom he knew to be addicted to its use. He removed a tumor from his neck while the patient was under the influence of ether, just as countless physicians and dentists have used whisky as a preparation for surgery for those known to be addicted to its use. The significance of what he had done seems not to have dawned on Doctor Long, for he made no effort to introduce the method into general medical practice. So far as you and I, as the recipients of its benefits, are concerned, he may as well never have lived. Our debt for service received is to two dentists, Horace Wells and his pupil, William



T. G. Morton. Charles Jackson, the chemist, laid claim to the credit for the discovery of anesthesia, but the extent of our obligation to him is for suggesting to Morton that ether be substituted for nitrous oxide, a genuinely important contribution of much practical value but falling far short of constituting the discovery of anesthesia. So much for background. Meager as it is, it should serve our purpose here.

Now to Mr. Miller and his book. René Fülöp-Miller is, I read, a Hungarian. He is not a medical man and this makes the handling of his subject a little difficult for him at times, but it does not seriously mar the general aspect of his work. He is a literary man with a reputation for writing in a sensational manner. His best known book in

America is, *RASPUTIN, THE HOLY DEVIL*.

His *TRIUMPH OVER PAIN* is a fat book running to over 400 pages and more than 150,000 words—too long, if you ask me. It starts virtually with the birth of man, telling of his suffering and his futile efforts to find relief, carries us to the discovery of anesthesia in the nineteenth century, through the controversy that followed, and on up to date. The author has done a thorough and laborious job of literary research, and the first and last parts of his book are scholarly and sincere.

Sandwiched in between these two thin slices of sincerity, and forming the main body of the book, is the story of the discovery of anesthesia and the controversy. Here an entirely different

technique is followed. Scholarship and reliability appear to have been tossed out the window and the author distorts the story in any way he sees fit to suit his purpose. And his purpose, to the best of my ability to judge, is to write a popular book which may be made into a popular movie, let the truth fall where it may.

Conceivably, such a technique might yield a better story than the true one, but Mr. Miller's story does not turn out that way. It is as artificial and unbeautiful as a cellophane lily covered with fly specks. There is not a real human being in it. They have all been converted into standardized, melodramatic heroes, villains, shysters, degenerates and dubs.

Mr. Miller elects to make Morton the hero. In order to do this, everybody and everything else is shown in a bad light. The President of the United States, the Congress, the army, the navy, the medical profession, the dental profession, Wells, Jackson, and others are all put in the wrong.

A villain is needed. Jackson is selected, and he is made to do and say whatever seems necessary or desirable for the story. Jackson was no saint, but he was nothing like the villain Mr. Miller makes him.

A shyster in Congress is needed. Senator Truman Smith, who defended Wells' cause, is selected for the rôle. He is made a hireling and a hypocrite. He was neither. He was an intelligent and honorable man. The fiction that Jack-

son hired him to oppose Morton is utterly absurd.

A degenerate dub is needed in order that Morton may appear more heroic by contrast, and Wells is selected for that rôle. Although he was one of the leading dentists of his time—a fact of which Mr. Miller should be fully aware—he, nevertheless, does not hesitate to say that Wells was so incompetent he could not make a living at his profession.

Taking the facts that Wells did not receive the attention and credit due him and that he committed suicide, Mr. Miller elaborates this theme to the utmost. Although Wells' standing in the medical and dental world always remained excellent, and there was no reason why it should have been otherwise, Miller makes him an outcast, who finally turns to the whores of Broadway for human companionship, and when they too spurn him, he throws acid on them in a frenzy of anger. This is a false and misleading version of what took place; and what a horrible thing to do to a man's character for the sake of "artistry." Wells' bitterest enemies, at the height of the controversy, never wrote such inaccurate and shameful things about him.

The sad truth about Horace Wells is that he experimented on himself almost continuously for about three years, using first nitrous oxide, then ether, then chloroform. It wrecked his health and mind, and he died a martyr as surely as though he had suc-

cumbered during one of his experiments. That there were times when he was not himself is not surprising, although there are records of only one such time. We are familiar nowadays with the irrational things people may say or do while more or less under the influence of an anesthetic. It is one of the reasons hospital windows sometimes have bars or padlocks on them.

I might, if I were disposed to do so, mention several distinguished medical pioneers who, because of the circumstances and nature of their work, developed unfortunate and unhealthful habits. One does not need to go outside the field of anesthesia to do this. But there is nothing to be gained by it. Such incidents are as inevitable as casualties on a battlefield and should be looked upon with the same compassion. I mention the fact that there have been, and are, such men only in order that Wells may not be too harshly condemned and considered a single disgraceful exception.

The final verdict in the Wells case, given by the medical men in charge, was "temporary insanity." Whatever the cause, we cannot go far wrong in accepting this conclusion. And may I please add this? A man who loses his mind has the right to be remembered for what he was while sane. He is entitled to have his insane acts forgotten, or at least not scrambled with his true character. We should, I think, accord Wells this slight consideration.

Mr. Miller himself describes his

method of handling the story, in the preface of his book, in the following words: "Something more was needed," he says, "than a consecutive catalogue of dry and manifest facts, for when marshaled without artistry what are termed facts are but half truths." The quality of Mr. Miller's work which he calls artistry I should call fabrication, and the result of its application is that not so much as half the truth remains. Viewed as a whole, the picture drawn gives a completely false impression. Examining it in detail, I found it to be such a jumble of fact and fiction that even a student of the subject could scarcely tell where the one ends and the other begins. It should do much by way of adding to the confusion of an already badly confused discussion.

I am fully aware of the fact that I have offered little evidence to refute Mr. Miller's specific statements. I have simply given an opinion, which the reader may or may not accept, depending on whether he thinks I know what I am talking about. For a scholarly, carefully documented, and completely devastating reply to Mr. Miller, in so far as Wells is concerned, I refer you to the work of Doctor W. Harry Archer, a summary of which is I understand being published in this issue of *ORAL HYGIENE*.

Assuredly dentistry should have no objection to the story of the discovery of anesthesia being told to the public; nor should the profession demand or even hope for

any greater accuracy in the telling than is ordinarily achieved. But it does fall within our rights to object to the gross and fundamental error which fails to place credit where it belongs, and

affronts the memory of the man whose dream of painless surgery delivered the race from centuries of agony.

1516 East Silver Avenue
Albuquerque, New Mexico

PROPOSE MORE DENTISTS, LESS TRAINING

THE TRAINING OF 100,000 young hygienists, technicians, and mechanics in two-year dental courses to perform minor dental operations, such as prophylaxis, placing of restorations in simple cavities, and the extraction of temporary teeth, has been recommended by Doctor Guy S. Millberry, dean of the College of Dentistry, University of California. He offered the idea before a meeting of the American Public Health Association in Kansas City as a supplement to the dental profession in the dental care of the underprivileged according to a story in the *Kansas City Star-Times*.

In opposition to the plan, Doctor Vern D. Irwin, director of dental service for the Minnesota Department of Health, spoke immediately. He pointed out that dentistry would object to such a program because:

1. Even well trained dentists find it difficult to practice children's dentistry which involves complicated operative procedures and the difficulty of handling children.
2. These 100,000 children's dentists would practice for their friends and relatives "on the side" and help destroy dentistry. Minnesota's share of this group would add 2200 dentists to those already practicing.
3. The dental laws of every state would have to be changed to permit this new type of practitioner.
4. We have just completed a good job of getting rid of the quacks and would be unwilling to let the bars down for a new crop.

Doctor Irwin also emphasized that any contemplated change in dental practice should be discussed first before the American Dental Association. In conclusion, he said, "Everybody has to wake up to what the real problem is. We're beginning to suspect that nutrition is the fundamental problem in preventing decay of children's teeth."

OPPOSING VIEWS ON HORACE WELLS

W. Harry Archer, D.D.S.²., says:

"René-Fülöp-Miller, in his otherwise excellent book, *TRIUMPH OVER PAIN*,¹ a story of anesthesia, is inaccurate and incomplete . . . in his description of the life and activities of Horace Wells and his claim of being the discoverer of anesthesia."

EARLY HISTORY OF WELLS

R. Fülöp-Miller:

"On qualifying as a dentist in 1842, Wells entered into partnership with another dental surgeon a little younger than himself, William Thomas Green Morton. Full of hope the two young men opened an office in Boston."

W. Harry Archer:

"The truth is that Wells studied dentistry with leading dentists during 1834 and 1835 in Boston and started to practice in Hartford, Connecticut, in 1836. This was six years before 1842 as stated by Fülöp-Miller. In 1841 and 1842 William Thomas Green Morton who was practicing in a nearby town of Farmington, Connecticut, came frequently to Doctor Horace Wells to recite and obtain assistance in his dental studies. Wells by this time was the head of his profession in Hartford by reason of his 'activity, intelligence, inventive genius, mechanical talent and skill.'"³

ESTIMATES OF WELLS

R. Fülöp-Miller:

"Having dissolved his partnership with Morton, Wells returned to Hartford. There, too, he made a poor job of it. To be successful, a dentist had to have specialized skill and knowledge which would give him an advantage over his competitors. Wells lacked these advantages and therefore found it extremely difficult to make a livelihood in Hartford."

P. W. Ellsworth, M.D., who knew Wells personally:

"Wells' ingenuity led him to invent and construct most of his dental instruments and the dexterity and judgment with which they were used soon

¹Assistant Professor, Department of Anesthesia and Exodontia, School of Dentistry, University of Pittsburgh. Doctor Archer has compiled this and other important data on the discovery of anesthesia by Horace Wells.

²Smith, Truman: *An Inquiry into the Origin of Modern Anesthesia*, Hartford, Brown and Gross, 1867.



made him popular, and he speedily took rank among the first in a city justly celebrated for its skillful dentistry."

Mrs. Horace Wells, his widow, writes:

"He had a large, extensive and lucrative practice which he pursued for several years until he was obliged to abandon it on account of ill health."

W. Harry Archer:

"Wells was an exceptionally well educated dentist. . . . He also attended the academies of Amherst, Massachusetts, and Walpole, New Hampshire. . . . An indication of his knowledge of dentistry can readily be ascertained by studying 'An Essay on Teeth: Comprising a Brief Description of Their Formation, Disease and Proper Treatment,' written by Horace Wells in 1838. This book not only reveals an excellent knowledge of dentistry but advances several new ideas and theories which indicate superior reasoning ability."

R. Fülop-Miller:

"The Hartford dentist [Wells] pusillanimously abandoned everything which was not immediately successful."

W. Harry Archer:

"On the contrary, we read statements like this, 'With unusually refined and sensitive feelings and retiring manners, he seldom sought general society. As a citizen he was a man of great purity of character, and of generous impulses . . . as a son he was kind and dutiful; and in his family relations an ex-



ample of kindness and affection. . . . He was greatly respected in the community where he resided."

C. Q. Colton, Chemist, who gave the exhibition at which Wells conceived his idea:

"That poor Wells failed to convince the world of its value does not militate in the slightest degree against the honor he deserves as the discoverer of anesthesia. He did all a man could do under the circumstances." Doctor Colton made this statement in a pamphlet published in 1866.

DISCOVERY OF ANESTHESIA

The American Dental Association:

At its fourth annual meeting at Niagara Falls in 1864 adopted this resolution: ". . . to Horace Wells, of Hartford, Connecticut, belongs the credit and honor of the introduction of anesthesia in the United States of America, and we do firmly protest against the injustice done to truth and the memory of Dr. Horace Wells, in the effort made during a series of years and especially at the last session of Congress, to award the credit to other persons or person."

The American Medical Association:

At its twenty-first annual meeting held in Washington, D. C., in 1870, following calm investigation years after the period of controversy, adopted this resolution: "On motion of Dr. H. R. Storer of Massachusetts, it was resolved that the honor of the discovery of practical anesthesia is due to the late Dr. Horace Wells of Hartford, Connecticut."

Sir James Y. Simpson:

"His (Wells) affidavits of its (nitrous oxide) success are unchallengeable." In a letter to Bigelow, Simpson said: "A short and adequate experience of a dozen or more cases soon satisfied Dr. Horace Wells and others that teeth could in this way be extracted without pain . . . During this time also, he (Wells) seems to have discovered the great point which we now know to be so essential in the successful exhibition of nitrous oxide—namely, that it should be breathed as pure as possible, and without any mixture of atmospheric air. Elated with his discovery, he in a week or two proceeded to Boston, in order to lay it before the medical faculty there, and show its effects."⁴

John M. Riggs, D.D.S., a former student of Wells:

"There (in the Boston Medical School) he (Wells) met with a reception so cold that, after a single imperfect trial of the gas, amidst the sneers of those around him, he left Boston in disgust, and sick at heart at the unfair disposition manifested towards him."

Horace Wells writes a letter in April, 1847:

" . . . Dr. Morton represented to me that he had discovered a 'compound' the effects of which as described by him, entirely eclipsed those produced by nitrous oxide or sulphuric ether . . . I accordingly started for Boston to learn more of this improvement on my discovery, with which I had made him acquainted long before. While at his office I saw the (so-called) compound administered to a patient; it apparently had the same effect as the gas, which I had many times administered for the same purpose."

W. Harry Archer:

"No one had ever denied that Horace Wells was the first to 'discover, demonstrate and proclaim the blessings of anesthesia,' his opponents merely claimed that he could not be called the 'discoverer of anesthesia' because the agent he used, nitrous oxide, was not an anesthetic. So desirous was Dr. Morton of showing this fact that on one occasion, when the subject was before the Congressional Committee, and his claim was opposed, he wrote in January, 1853:

"One of those who contest my right to the discovery, does so on the ground that anesthesia had been discovered by Dr. Wells prior to my alleged discovery; and that the anesthetic agent used in the discovery by Dr. Wells was nitrous oxide gas. Now, if anesthesia, for surgical purposes, was ever discovered through nitrous oxide gas as the agent, that agent, for the same purposes, will still manifest its efficiency. I deny that such a discovery . . . ever was made, or that said agent possesses valuable anesthetic properties alone for surgical operations. At the same time, I assert and claim that anesthesia was first discovered by me, through the agency of sulphuric ether."

⁴Duns, J.: *Memoir of Sir James Y. Simpson, Bart., M.D., D.C.L., Edinburgh, Oxon, Edmonston and Douglas, 1873.*

Nathan P. Rice says in a book written in 1853:

"The claim of Dr. Wells, however, is not based either by himself, or by his friends after death, upon a discovery, made by him that ether would produce a complete anesthesia, but that some agent would. To use his own words: 'This discovery does not consist in the use of any one specific gas or vapor, for anything which will cause a certain degree of nervous excitement, is all that is required to render the system insensible to pain: consequently, the only question to be settled is, which exhilarating agent is least likely to do harm?'"

Doctor E. E. Marcy:

"The man who first discovered the fact that the inhalation of a gaseous substance would render the body insensible to pain, under surgical operations, should be entitled to all the credit or emolument which may accrue from the use of any substance of this nature. This is the principle—this is the fact—this is the discovery. The mere substitution of ether vapor, or any other article, for gas, no more entitles one to the claim of a discovery, than the substitution of coal for wood, in generating steam, would entitle one to be called the discoverer of the powers of steam."

W. Harry Archer:

"William T. G. Morton is honored and revered by the world for his contribution to anesthesia and this criticism is not to be construed as an attempt to detract from the credit due Morton, but is to present information concerning Horace Wells, the present day acknowledged discoverer of anesthesia, that Fülöp-Miller has omitted."

Summary of Conversation Between W. Harry Archer and René Fülöp-Miller:

After detailed conversations that took place between Doctor Archer and Mr. Miller, in New York in October, supplemented by further conversations with Doctor F. H. McMechan, Secretary General of the International Anesthesia Research Society, and Doctor Charles J. Wells, Secretary of the Eastern Society of Anesthetists, regarding the subject of the discovery of anesthesia and the important part that Horace Wells played in the introduction of anesthesia, the following was mutually agreed upon:

"Doctor Archer is thoroughly convinced that the impression he had gained from reading and studying *TRIUMPH OVER PAIN* that René Fülöp-Miller was in any way intentionally biased in the treatment of Horace Wells is entirely unfounded. The supposed slighting and maligning of Wells was a result of misunderstanding or misinterpretation due to difference in languages. Also there seems to have been a difference of opinion between the author and Doctor Archer as to the importance of certain information which would have reflected credit to Horace Wells.

"In order to further prove that Mr. Miller is desirous of being unbiased and objective in the entire matter he is . . . willing to make the fullest use of the convincing material which has been brought to his attention (by the men mentioned here). This additional information will be included in any future editions of *TRIUMPH OVER PAIN* both in English and in foreign lan-

(Continued on page 59)

ADVERTISING DENTIST

by FRANCIS LEO GOLDEN, D.D.S.

THE CHROME SIGN at the door beckoned to the prospective patient. It read: "Specialists In All Branches Of Dentistry."

Convinced that here was the proper place to have the "sore" tooth treated . . . or get a price on some new false teeth, the patient walked up fourteen linoleummed steps. At the head of the stairs were two doors; the one to the right, marked "Entrance," swung inward, and the patient found himself in a thickly carpeted room. The furniture and the wall-paneling were ultra-modern. The receptionist at the tiny desk had a perpetual smile. It was too honed to be anything but hypocritical. Fortunately the patient is approaching hysteria and doesn't notice these little things.

The girl at the tiny desk takes the name, address, and quite often the bank reference. A bell tinkles somewhere behind that row of white, Florentine-glassed doors. And Doctor Aratyn, himself, comes forward.

The patient is coaxed, cajoled, persuaded, and flattered until whisked into the chair. Along a dental assembly line he passes. Ten specialists, count them, alternately frown and fret at this strange condition. Aratyn, King

of the Advertisers, hovers over the patient, and it is to Aratyn the patient turns. Here is the one man who can save the patient from all these ravages and pains.

Aratyn smiles. A sucker's game, all the way through. And Aratyn is King of them all.

He places the contract in the rack, marks the fifty dollar deposit in the book, and then waits again to hear that little tinkling bell, the sign that another fly has come within the web of Aratyn.

* * * * *

The moment the staff walked in, Aratyn had to share their petty troubles. "The laundry didn't come in yet, Doc." "Which booth shall I take today?" "That dame in Booth Two, Doc. She's eight months' pregnant. Wants to know if it's okay to pull three teeth."

Maude, the head nurse, joined the others in bombarding him with questions. She had come here from the snake-charmer's booth at a fourth-rate County Fair. Aratyn saw possibilities in Maude. She had the proper cash register philosophy. He used to say that Maude could have made the Volga Boatmen work without a song.

Doctor Kleib called to Maude.

"I've a nervous old woman in the extracting room. She doesn't want novocaine and she's afraid of gas."

Maude followed Kleib into the extracting room. She beamed on the old lady. "Why, mother, what's this I hear? You don't want gas? I don't blame you. Wouldn't take it myself. And that old needle is horrible, isn't it? I'll have Doctor give you some of our very special preparation . . . Honey Vapor."

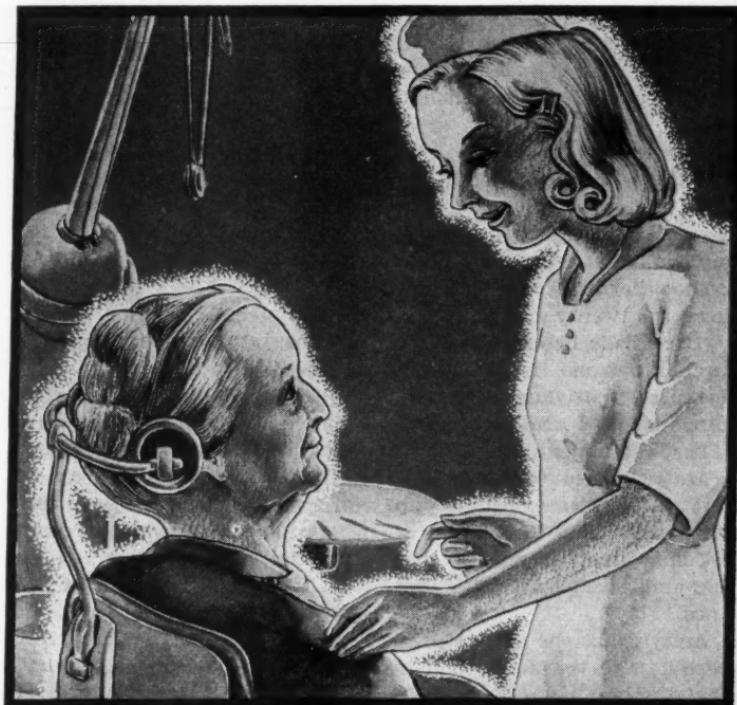
The old lady brightens up at Maude's presence. Kleib gets

Maude's signal. The gas machine is wheeled into place. The patient slumbers peacefully while the teeth are being extracted.

"Always remember, Kleib," Maude is chuckling, "nearly all who come in here think the nitrous-oxide gas we use for an anesthetic is the same as the illuminating gas that suicides pipe into themselves. So call it Sweet Air or Honey Vapor. For gas by any other name smells just as 'sweet.'"

Aratyn, on the threshold, is laughing.

The buzzer rings. Aratyn looks



"You don't want gas? I don't blame you—I'll have Doctor give you some of our very special preparation—Honey Vapor."

at the indicator. "Booth twelve."

"Good morning, Doctor Lindeman," Aratyn says. "And who have we here?"

"This is Rufus Skiff, of Harlem, Doctor. He won twenty dollars yesterday playing the numbers. He has no cavities in his teeth. Only wants them cleaned."

Aratyn looks at the lavender suit on the patient. That is his cue.

"Why haven't you two gold, highly brilliant teeth placed at these corners of your mouth?"

"Whah, doc-tah, ah ain't nevah spired to cobber up these hyah teeth nohow. Dey's too white."

"That's just it," agreed Aratyn. "So white that it makes everything in your mouth look monotonous."

"How much it cost?"

"For the two gold teeth . . . twenty dollars. We make no extra charge for relieving the monotony. Isn't that fair enough?"

The other thinks so. He planks down the twenty dollars.

"Doc," calls Peters, the dental mechanic from the laboratory upstairs, "that dumb helper of mine just put a hole in the palate of that full upper plate."

Aratyn cursed. "Can't he use a soft buffer in polishing up? Whose case is it?"

Comowitz spoke up. "My case, doc, and there's forty dollars balance."

Aratyn taps the desk with his pencil. "Tell the dame, Commy, that the hole is in the palate so she can hang it up on the wall every night. And collect the forty

skins. If she squawks later, send her in to me."

A new dentist named Wayne steps forward. "Do you do such things as a general rule?"

Aratyn wheeled on him. "Meaning what?"

"Why, if I . . . er, may be frank, this thievery. That's all it is."

"So what?"

"You take this woman's money and you implicitly agree to fit her mouth. If the plate is punctured, the suction is lost. That plate will keep dropping in her mouth. It isn't right."

"Who's running this joint, you or me?"

"You seem to be."

"Well, mind your own affairs. If I wanted your advice, I'd ask for it."

Doctor Wayne walks away. Aratyn watches him. Every step. Aratyn's hatred of Wayne melts. He knows every word Wayne said is true. But this is a rotten business.

Aratyn calls to him. "Doctor Wayne, just a moment."

Wayne turns around.

"Get me straight on this, Wayne. This is the only type of practice I could conduct."

Wayne is serious. "I'm just out of step with these procedures in here. I've conducted a dental practice where the only rule was Do The Right Thing Right. Understand? The easiest way is not the right way to me. I . . . I . . . just can't do things like that."

"This dump isn't like a private office, Wayne. We couldn't operate under any other system than



"He won twenty dollars yesterday playing numbers. He has no cavities in his teeth . . ."

this. Take Maudie, there, in private practice you wouldn't allow her saccharine smiles for all the young guys that breeze in here, would you?"

"You see, Wayne," went on Aratyn, "in this game you must know how to comply with the principal claims of the popular will."

"Sort of Design for Dental Living, eh?" says Wayne, ironically.

It went over Aratyn's head. "I say, whatever is absolutely popular is founded on reason and right. Who do you know who ever ran away from a bargain? Only

someone who could afford to be swindled elsewhere by much higher prices than I get."

Aratyn chuckled at his own philosophy. "A daily ad in the paper promising everything from a painless extraction to . . . uh . . . let's say a seat in the United States Senate. And what happens? In come the bargain hunters."

A scream from the operating room chills them all. A dull thud follows. Maude alone springs into action. She throws open the door and gazes upon a horrible sight.

The patient lies on the floor writhing in an agony that sears into the soul.

Comowitz, his face blanched, looks on helplessly. The young nurse, this is her second week in the office, cries copiously.

Maude stood on the threshold. "What is it, Commy?"

"Oh, Maude, this is awful. That kid nurse . . . she put phenol in the syringe instead of novocaine. What'll we do, Maude, the man is burning. I injected right into the mandibular . . ."

Maude presses the operating room alarm. Seldom it rings. But when it does, all hear it and drop everything to answer.

Taking command, Aratyn clips out his orders. "Daureen, the telephone. Doctor Quigley's private sanitarium. Tell Quig to fly over. Here, Baimes, inject some of that atropine sulphate into him. Mix it in water, you dope. We've got to maintain his blood pressure. Here, Wayne, here's the key to the kitchen upstairs. You and Helen will find some flaxseed tea in the cupboard. Make up a pot of it and hurry it down. Commy, you and Brownie keep rubbing his feet and hands. We've got to keep him warm. Sellatt, break a vial of that amyl-nitrite and stick it under his nose. And Kleible, take that crying Jane out of here."

Aratyn lost five pounds that hour. Not until Quigley's private ambulance had taken the patient out did he relax.

Baimes tries to comfort Comowitz. "Wait 'till you're in this lousy game a few years more, kid,

and this'll roll off your shoulders."

* * * * *

Maude presses a button.

"You want me, Maude?" asked Doctor Baimes.

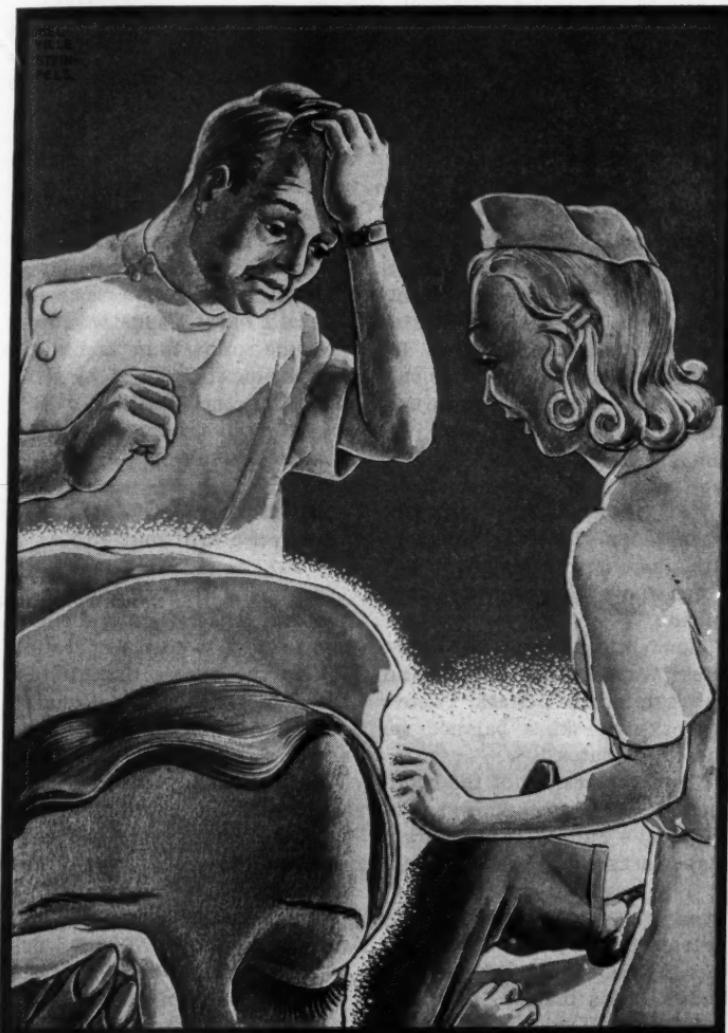
"Yeah. I want you. Here is the chart of a Mrs. Klapoole. Forty bucks worth of dentistry and you charge her six dollars. Listen, Baimes. We've been pretty good to you. Aratyn took you in here when the Sheriff grabbed everything in your own office. And we've been paying that trouble-making wife of yours ten dollars a week alimony to keep her out of here. Ain't you got any gratitude?"

"But Maude . . ."

"Aw, shut up. Just you stay away from that mob of Furnished-room Flossies that storm in here. This is no clinic. This isn't your office. We pay you to make money for us. Not toss it away. This is the last warning. Cut it out."

* * * * *

Aratyn leaves at two p.m. And all afternoon Maude is busy. "It's Maude this, and Maude that. I'm going nuts. Scum, scum. Nothing but scum. Can't we ever get a decent, clean, sincere patient in this joint? Doesn't anybody read our advertisements but those lying in the gutters? What time is it? Three p.m. Eight more hours of this—maybe. Here, Baimes, tell Peters that these supply bills are getting too damned high. Eighty-six dollars alone for gold yesterday. Won't that lug of a mechanic ever learn that you can dope gold just like you can dope horses?"



"Oh Maude, this is awful. That kid nurse . . . she put phenol in the syringe."

Tell him to load some of those lingual bars with alloy."

"And you, Sellatt, should have been a floor-walker. You're al-

ways primping yourself. For instance, Sellatt, why do you have to order rubber gloves? Do you think you're a surgeon? Aratyn

never wore them. And he can whip teeth out even if handcuffed. Rubber gloves! I think I ought to pay you off Saturday night with a rubber check."

"What is it now, Baines? Oh yeah? Well, we'll fix him. Get our branch office across the street on the 'phone, Daureen. Tell them there'll be a blowsy-looking gent wearing a mildewed overcoat strolling in for a cheap set of teeth. Tell Doctor Mannix to quote him \$20.00. We told him our lowest bid was \$22.00 with the extractions thrown in."

* * * * *

It is shortly after four p.m. when Helen, the reception room girl announces to Maude, "That Greek who owns the florist shop is outside."

Maude looks at the cards. "Here, Wayne, you go in there and check up on that Greek. There's seventy-five skins balance on those two plates."

Wayne comes out of the booth more discouraged than ever.

"What's ailing you now?" Maude asks him.

"I'm here two weeks and it's like twenty years. Isn't there any decency in this place? What's the idea of imbedding two tacks in that Greek's plates? He almost hit the ceiling when he bit down."

Maude sneers. "What's the idea, eh? Say, that slick hombre tried to give us the steer yesterday. Came in here and said he had forgotten the banks close at three o'clock. 'Magine that? Well, we stuck the tacks in the plates so he

would be sure to know that they needed more trimming."

Wayne's anger flares again. "When I first came here I had an idea that under this cynicism there ran a streak of decency . . . fairness. I know you're all just as bad as Aratyn. I'm through."

"Where are you going?"

"Outside where the air isn't so rotten. Tell Aratyn I'm broke, but at least I haven't sunk this low."

Maude grabs him, unmindful that the others are watching the scene. "Doctor Wayne . . . Jerry . . ." the tenderness of her voice is strangely new, "I'll go with you."

"You'll what?"

"Take me with you."

"You?"

"Listen, Jerry, we'll open up our own office. I got some jack put away. You do the operating. I'll do the contracting. In five years, Jerry, we'll have a quarter million. And we can get married, and . . ."

"Hell, I wouldn't marry you if you had the quarter million right now. I'm anxious to get away from this element, and this means you, too. Understand?"

Maude places a hand on his arm. She won't cry. No one would ever say Maude could feel this way about any man.

"Please, don't go. Wait 'till you see Aratyn."

He puts his coat back on the hanger and sits down. She joins him in a cigarette.

The evening rush is over. The copy for the next day's ads has to be sent to the *Chronicle* office.

The receipts for the day have to be checked, then placed in the safe.

Maude pauses long enough to ask Baimes to end the argument in Booth Four. Doctor Sellatt is in a heavy argument with a patient.

Baimes reports back to Maude. "Another Bible fight, Maude. Sellatt is telling the patient there is no such wording in Genesis."

Comowitz speaks up. "He's certainly a nut on the Bible. Do you remember, Baimes, the day he was explaining Ecclesiastes to some old lady while he was charging her \$60.00 for a \$15.00 plate?"

"Aw, can it, you mugs," cries Maude. "How can I fix up this supply order with all you guys shouting?"

Ridfray, Wayne, and the porter

are saying goodnight. Daureen is powdering her nose in the retiring room. Upstairs in the laboratory Peters can be heard cleaning out the plaster bins and shutting off the motors. Kleib waits downstairs for Helen.

"Just until Saturday," Brown is saying to Comowitz, in seeking a five dollar loan.

Lindeman and Baimes help turn off the lights in the booths. The matron has finished sweeping up.

All have gone now but Maude. She posts the entries in the book, sets the burglar alarm, and switches off the lights. It is well after ten when she reaches the street.

*Hotel Hildebrecht
Trenton, New Jersey*

DENTAL MEETING DATES

Greater Philadelphia Annual Meeting, Benjamin Franklin Hotel, Philadelphia, February 1-3.

Chicago Dental Society, Midwinter Meeting, Stevens Hotel, Chicago, February 13-16.

Five State Post Graduate Clinic, eighth annual meeting, Mayflower Hotel, Washington, D. C., March 5-9.

New Jersey State Dental Society, annual meeting, Ambassador Hotel, Atlantic City, April 19-21.

Southwest Dental Congress Meeting, Oklahoma City, April 24-28.

Southwest Dental Assistant's Association Meeting, Oklahoma City, April 24-28.

The Dental Society of the State of New York, seventy-first annual meeting, Hotel Pennsylvania, New York City, May 9-12.

Tennessee State Dental Association, annual meeting, Hotel Hermitage, Nashville, May 8-11.

Georgia Dental Association Meeting, Augusta, Georgia, May 15-17.

There's More to Him THAN HIS TEETH!

by HYMAN GOLDSTEIN, Ph.D.*

A DENTIST WELL-STEEPED in dental lore and current methods but unable to attract or gain the confidence of patients is futile and useless. Dentists must realize that dental knowledge that is not used by the public that needs it might as well never have been acquired.

While "Men In White" make excellent play and movie material they are likely to frighten by their austerity and complicated terminology many who need medical and dental advice and service.

There are some basic psychological principles that may be used to good advantage by the average dentist, as well as physician, in order to increase his practice. As a good psychologist you should speak your patient's language and make him your confidant because the topic of conversation is vitally important to him. Explain his condition to him in simple terms. Nothing is of greater consequence to him as a subject for discussion than his bleeding gums or his impacted tooth. He will appreciate your confidence in his ability to understand just why he gets that shooting pain down the side of his jaw or why he wakes up with that darned headache

every morning. Surely you must realize how grateful he will be when, after coming to your office because of an extremely painful toothache, you fail to greet him with such terms as "gingivitis," "dentures," "occlusion," and "desensitizer." These might as well be Greek insofar as he or the toothache is concerned.

There is no doubt that dental knowledge, as well as medical knowledge, may be complex and abstruse. The terminology is much more difficult for a layman to grasp than that of the political situation in Washington or the economic tangle between labor and capital. If the dental facts of prevention and cure are to be made available to the masses through legitimate channels, the information must be simplified and perhaps sugar-coated so that there is no danger of mental indigestion. In my opinion, technical language has little or no place in the conversation between dentist and patient. The patient is rarely able to ascend to the rarefied atmospheres of professional jargon, but there is nothing to prevent the wise dentist from meeting the layman at his own level. After all, to a layman, "decay" is much simpler to un-

*Psychologist, New York State Vocational Institution.



*"There are patients and there
are patients and no two of
them are alike."*

*"Some are left wingers and
some are right wingers. Some
don't have any wings."*

derstand than "caries"; "filling" strikes home more often than "inlay"; and a "false tooth" signifies more than a "restoration."

Cross-Section of America

There are patients and there are patients and no two of them are alike. The persons who come to you for treatment are usually a representative cross-section of American society. Among them you will find carpenters and carpet makers, steam fitters and stenographers. Some are left wingers and some are right wingers. Some don't have any wings. Your patients come from all races, nationalities, intellectual levels, and types of personalities. Since they are all so different, one psychological suggestion that the dentist should incorporate into his approach is, "Meet the patient at his own level with due regard, of course, for the type of patient treated." By doing this you assure each one of your patients a unique and individualized approach fitted peculiarly to his own particular make-up and problem. Thus, you avoid the evils that accrue to mass treatment of patients. It is well to remember that there is no one hat that will fit comfortably all sizes and shapes of heads.

It appears from a multitude of known causes that the dentist must often have an attractive personality and be convincing in order to be able to persuade those who have dental defects or who are likely to have them that they really need dental service. In

other words, the mere possession of an ulcerated tooth or of accumulated tartar is usually not enough to convince the average patient that he should visit a dentist regularly. The idea can and must be instilled by gentle persuasion and a fine line of reasoning, if he refuses to pay attention to Nature's signals or the rules of common-sense. In order to do this the dentist must apply his knowledge of human nature and the principles of human psychology.

Do not show any impatience, because if you do your patient will feel that he is overpaying you both in money and in *his* time. Listen sympathetically to his complaints. This will not only give you a better picture of what is troubling him, but it will also give you a better understanding of the type of patient with which you are dealing. Remember that an impatient dentist has driven away more patients than a poor or untrained one.

You may greet your patient with a smile or you may smile *with* him, but do not smile at his worries. Pain can do strange things to logic and reason. Imagine yourself in his place and try to understand that the human organism in the dentist's office may offer a somewhat psychologically more complicated picture than that presented by the unfeeling textbook or laboratory cadaver.

There is nothing that the average patient dislikes more than a vague reply! If possible, give him

a definite diagnosis, provided, of course, that he is a patient whose mind does not play Alice in Wonderland with a diagnosis. The patient wants an expression of facts and a prospect of correction. He usually does not care whether you use medicine or surgical instrumentation so long as he knows what he has and what he may expect as a result of his visit to you. Remember that if you do not stoop to confer somebody else will stoop to conquer.

People buy medical or dental advice and service for either one or both of two reasons. They buy because of an unconscious desire to be more adequate and because of an unconscious desire for romance. It is natural for them to want to have strong teeth and a healthy mouth because it is natural for them to want to be adequate. But relief or freedom from oral disease and pain is not the only reason that brings men and women to the dentist. They also want to be attractive. A misshapen or disfigured tooth or one that is out of alignment brings mental torture that may be just as real and deserving of dental attention as the anguish of an infected root. The wise dentist realizes that the aching tooth may sometimes have its mental roots in emotional disturbances and conflicts just as he realizes that the toxic bowel may be quite often a contributing factor in congestion of the gums, palate, and tongue. The dentist must concern himself vitally with these problems because they can quite

easily bring about mental ill health if not a totally wretched existence. It is known that sex appeal may be typified for some persons by a set of gleaming white teeth and, as such, it is more important to them than getting rid of pyorrhea or an infection of the mandible. Certain types of patients will always be attracted to the market for "teeth whiteners," "teeth straighteners," "gum purifiers," and what not, just as long as their dentists refuse to recognize the motives of adequacy and romance that drive these patients on.

Treat your patient as a whole. Remember that there is more to your patient than his teeth and gums. He has, in addition, a mind and feelings and, if you forget this fact, your treatment will reveal that you have mistaken him for a mechanical robot. You must identify yourself with your patient and feel yourself into his state of mind. By doing this you will also be able to evaluate more rationally the symptoms which he shows because some will rise in importance while others will virtually lose their significance.

Friendliness Aids

Nothing gives the patient so much confidence as when he is greeted by a dentist who is human, warm and friendly. I have often wondered why, in so many cases, the earning of the professional degree brings with it a certain austerity and distance and the loss of the human touch. Certainly, for any kind of effec-

tive treatment and surgical co-operation between dentist and patient, a complete rapport must exist between the two. Put the patient at ease and assure him that every effort will be made to help him and your "battle" is more than half won. If you try to make him feel that, first of all, he is with a friend who is vitally concerned with his dental problems and, second, with a dentist who has the skill necessary to help him, the patient will not be long in finding it out—and in broadcasting it to other potential patients.

It should be unnecessary to have to remind physicians and dentists that their own good picture of health is an A-1 selling point in getting patients and in keeping them. The sight of a healthy person clothed in white is sometimes as effective as profound dental erudition in building up a practice. Health, like charity, begins at home. Help your patients to good dental health by helping yourself first. Do not be the shoemaker who neglects to repair his own shoes. Did you ever stop to think how the average patient sizes you up? He is just about as likely to judge your dental skill and efficiency by your own set of teeth as by what you do to his.

Have you ever seen a successful physician or dentist who looked down in the mouth or

down at the heels or just down? Never! Your success in increasing your practice will depend largely on the confidence that your patients have in you. This confidence is to a large degree reflected by the confidence that you have in yourself. Radiate this confidence. Infect your patients with it. This will be easy because faith is "catching." It is amazing how far a smile and some faith in your ability to relieve and cure will go in aiding you in making treatments more effective and less to be feared by the patient. If you want to have loyal patients, regular patients, cooperative patients, and more patients, you must make your patients unafraid of you. Nothing is so disarming as a smile—a smile and a pleasant atmosphere produce marked benefits for each dental visit. Prevent, at all costs, any association in the patient's mind of the visit to you with an imaginary ordeal accompanied by pain and suffering.

Let the pleasant impression begin with your office and your dental assistant and be continued right through you. If you want to avoid an "empty chair" then, as one advertisement has so aptly phrased it, "Let your influence extend beyond your chair."

*New York State Vocational
Institution
West Corzackie, New York*

SHOULD DENTISTS CHARGE EACH OTHER?

by MARGARET PUTERBAUGH

IT WAS FOUR O'CLOCK on an afternoon in early April, and business apparently was over. Doctor Youngman had had a busy, if unprofitable, day and was glad to stretch his legs on his desk and relax. He picked up the copy of *ORAL HYGIENE* that had just arrived that morning. His glance fell on an article, *THE DENTAL FREE LIST*.¹ "Ha, here is a story about myself." He settled back and continued reading.

His thoughts were interrupted by the ringing of the telephone. "Maybe I'll make a dollar yet tonight," thought Doctor Youngman, and took up the receiver.

"This is Doctor Neonsign," came the voice, "I've got a spare hour and wondered if you could do a little work for me."

"Umph," thought Doctor Youngman and then, "Well, I suppose that even a fellow like Neonsign gets cavities in his teeth," so he replied, "Come on over."

At five-thirty, Doctor Neonsign put on his hat and with a careless "Thanks, Doc, come over and have supper with us some time," bounded down the stairs.

Doctor Youngman opened his

record book for the day:

8:30 A.M.—W.P.A. worker—4 Extractions—"No use to even put on books."

9:30 A.M.—Mrs. Nervous—"Plate adjustment."

10:00 A.M.—Rev. Clergyman—Gold inlay—"Donation to church."

11:00 A.M.—Mrs. Shopper—"Lengthy discussion on kinds and costs of bridges."

1:00 P.M.—Aunt Susie—3 Alloy restorations—"Oh, that's all right. Forget about it."

2:00 P.M.—Mrs. Surgeon—"Porcelain crown—50 per cent discount."

3:00 P.M.—Junior Tantrum—"Didn't even get a good look inside the kid's mouth."

Doctor Youngman again picked up *THE DENTAL FREE LIST*. "There's a sequel to this story. Do Doctor Fraternity Brother and Doctor Neonsign also belong on the dental free list?"

Enroute to work the next morning he was overtaken by Doctor Nitrous Oxide. "Saw Neonsign coming out of your office last evening," said the latter by way of greeting.

"I did a little work for him," replied Doctor Youngman.

"Well, he's been the rounds

¹The Dental Free List, *ORAL HYGIENE*
28:480 (April) 1938.

now," was the rejoinder. "You're the newest dentist in town, so he figured you were his best bet."

"What do you think about this not charging other dentists, anyway?" queried Doctor Youngman.

"It's never been my habit to charge dentists," answered Doctor Nitrouxoxide, "though there have been occasions when the situation would have been more comfortable all around if some payment had been made. After all, the average person doesn't enjoy the feeling of indebtedness.

"However, in most cases I think reciprocity solves the matter nicely. For instance, there's one dentist here whose mouth resembles a small gold mine. Just offhand I should say I have installed \$250 worth of gold inlays in his teeth. Of course, he always supplied all the gold, did his own castings, and I shaped the cavity, took the impressions, and fitted the inlays. In return he has sent me many gas patients."

At the restaurant that noon Doctor Youngman spied Doctor Kiwanis sitting by himself and again broached the subject.

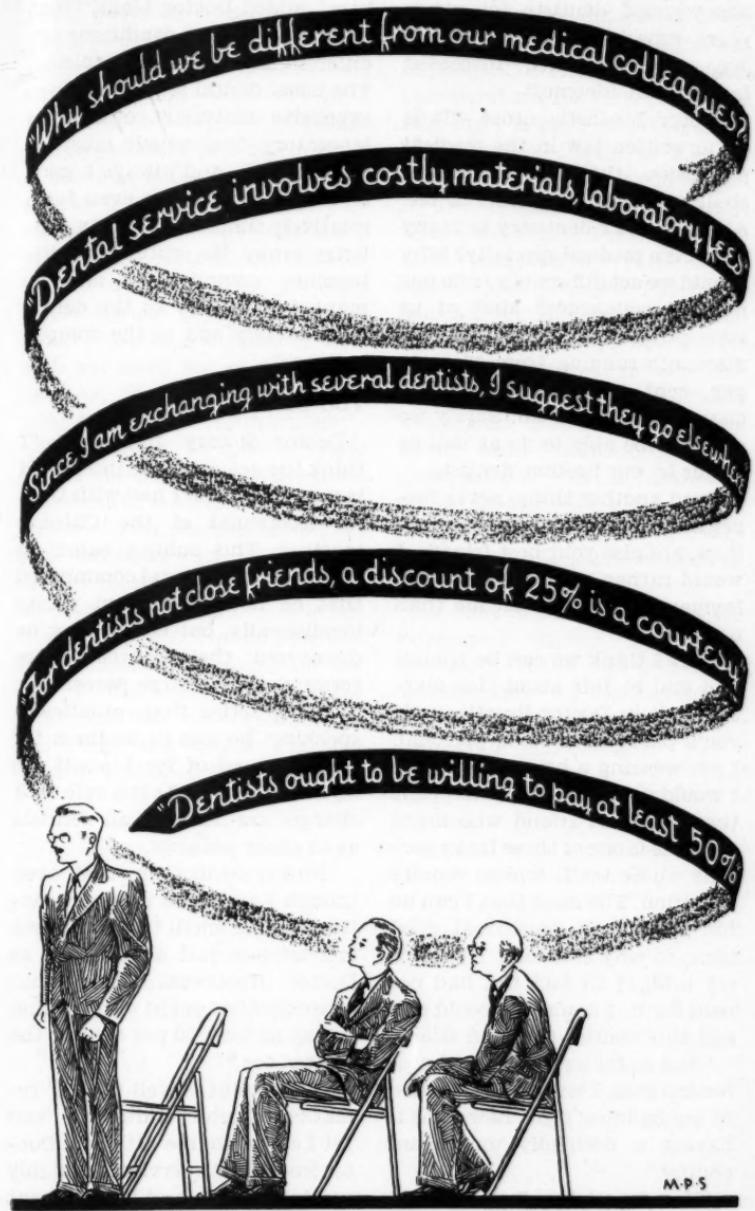
"I had an unhappy experience along that line once, before I came here," said Doctor Kiwanis. "Ex-Roommate came into my office one day, and before we were through I had done about \$50.00 worth of work for him. He offered to pay something and, as neither one of us had our equipment paid for, I thought of course he would understand my accepting \$10.00. Well, he didn't, and our friendship cooled off to nothing. I felt pretty bad, and since then have never charged dentists, though personally I think the system is all wrong. There's no reason why any dentist, even a close friend, should not pay for precious metals and laboratory work."

At the next meeting of the dental society Doctor President announced that the scheduled speaker had been unable to appear. The program committee had suggested a question box.

Doctor Youngman was the first on his feet. "I'd like to have a discussion of the problem of charging other dentists."

"Good question," responded Doctor President, "and one that





has worried dentists for many years, especially lately when office expenses have increased faster than income."

Doctor Idealistic arose. "It is an unwritten law in the medical profession that one physician shall not charge another a fee. After all, isn't dentistry in many respects a medical specialty? Why should we act differently from our medical colleagues? Most of us give physicians and clergymen discounts ranging from 10 to 50 per cent and frequently we charge nothing at all. Surely we ought to be able to do as well or better by our brother dentists.

"And another thing, never forget that dentists, though competitors, are also your best friends. I would rather have one thousand laymen talking against me than one dentist."

"But I think we can be friends and still be fair about this matter," put in Doctor Practical, "If you'll pardon my being personal, I am wearing a bridge for which I would ask \$150. Now it happens that the good friend who made it for me is one of those lucky persons whose teeth seldom require attention. The most that I can do for him is an occasional good turn, so why shouldn't I pay for my bridge? In fact if I had not paid for it, I doubt if I could still call this dentist my good friend.

"And as far as the medical profession goes, I know of a situation in my building right now, that is having a decidedly unpleasant ending."

"You forget too, Doctor Ideal-

istic," added Doctor Lions, "that in dentistry many conditions are different from those in medicine. The usual dental service involves expensive materials, oftentimes laboratory fees which must be paid in cash, and always a good deal of valuable time even for a relatively simple service. As dentistry grows, its professional life becomes complicated, and so many free 'passes' to the dental office merely add to the complications."

Too Many Dentists

Doctor Rotary stood up. "I think the group will be interested in a conversation I had with Doctor Rootcanal at the Chicago meeting. This subject came up and Doctor Rootcanal commented that he had started out pretty idealistically, but before long he discovered that dentists were forming such a large percentage of his practice that, practically speaking, he was in business for them instead of for himself. So he has had to make it a rule that charges are made to all dentists as to other patients.

"Now it seems to me that, even though I am just a general practitioner in a small town, my time is relatively just as valuable as Doctor Rootcanal's, and that other dentists ought to be willing to pay at least 50 per cent of the normal fee."

"Your point is well taken," remarked Doctor Oldtimer, "and yet I cannot agree with you. Doctor Rootcanal's service is a highly specialized one, and he has spent

many years of research on this phase of dentistry. It's inevitable, consequently, that dentists will gang up on him.

"In my own experience I have exchanged work with two or three dentists at a time. When Doctor Fourth or Doctor Fifth come in, I suggest to them that, inasmuch as I am already exchanging with several dentists, they go elsewhere. No one has ever taken offense at such a suggestion and, with our town full of competent dentists, they can always find some one glad to reciprocate."

Doctor Analysis spoke. "Those of you who have gone to the trouble to make a statistical investigation of your practice know that even dentistry's simplest operation — prophylaxis — costs you from 40 to 60 per cent of your fee. In my opinion Doctor Goodfriend ought to insist on paying for the cost of his work, and in most practices this will amount to about half the regular fee. For dentists who are not close friends,

a discount of 25 per cent is a courtesy, and still gives you a margin of profit. The recipient then feels free to return for further service, and there is none of this embarrassing 'Well, I hate to take up your time' feeling engendered."

"The remarks here tonight," concluded Doctor President, "indicate considerable variance in opinion and practice. The problem is after all largely personal, and I fear it would be difficult for this society to adopt any policy. But your question, Doctor Youngman, has stimulated some worth while discussion, and I think most of us in the future will realize that any work done for us by fellow dentists is a courtesy which should be acknowledged in one way or another."

As they were leaving, Doctor Youngman turned to Doctor President. "That was a helpful meeting. Only it's too bad Neon-sign couldn't have been present."

804 South Race Street
Urbana, Illinois.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

THE CURRENT HAS NOT CHANGED

IT WAS THE DAY after the November elections. A physician friend of mine gleefully remarked, "Now that the Republicans are being returned to office, all this talk of socialization of medicine is past. The current of thought has changed. Don't you think so?" I didn't think so and I told him why.

Historically speaking no country that has ever instituted social security measures has repealed the acts. And national health planning is part of the social security philosophy. In the time that old age compensation, unemployment insurance, and health insurance have been operating in Germany, that country has passed through notable changes in government, from an empire, through a democracy, into a dictatorship. But despite the political ideology or the form of government, no one has suggested repeal of the social security legislation. During the time that health insurance has been operating in Great Britain, the country has swung back and forth from labor to conservative governments, but the social security legislation has remained on the statute books with a constant tendency to expand the benefits under the Act. It is well known that since 1911 the British Act has been expanded to include some dental benefits, and the clamor in Great Britain both in the professions and among the people is loud for more and more benefits, including dentistry.

It will probably make very little difference who the President of the United States is or what party may be in power. No one will dare to tamper with the hopes of millions of people for protection against the terrors of old age and unemployment by suggesting repeal of the Act that has promised so much. No matter how reactionary a President may be, he would hardly dare to tell the American people that attempts to protect them against the stresses of old age and unemployment are futile and undesirable. The pressure from behind, the *vis a tergo* of the people, is such that no congressman will suggest the

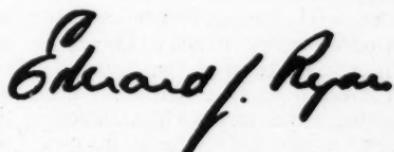
repeal of socially desirable legislation. To do so would be to flirt with political death. Picture a prospective candidate announcing that the control of wild cat speculation as provided by the Securities and Exchange Act or the guarantee of bank deposits by federal deposit insurance are undesirable forms of legislation that should be repealed!

It is likely that the Social Security Act will be amended; no one believes that the present Act is flawless. Certainly some of the mechanisms will be improved as experience in administration is gained. One can most certainly predict, however, that the Act will be expanded to include more and more health benefits, notably those directed toward general public health measures and health protection for the mother and the child.

The representatives of the labor organizations who spoke at the Washington Health Conference made it very clear that they were satisfied with the activities of the present Social Security Board and that they would like to see the national health plan administered by that agency. It is a safe prediction, then, to say that regardless of what party is in power the liberal current in American life will continue and that programs for social betterment will expand rather than contract.

Significantly enough the Republican senators and representatives who have been elected have been, for the most part, those who stood on liberal platforms. If the minority party is to gain strength in the Congress, which is a wholesome sign of the virility of American democracy, it will not do so on the basis of turn-of-the-century McKinley-Hanna ideology. The party will be as liberal and as social-minded as the American people demand, and in these days their demands are high.

This is what I said to my physician friend and ended on the note, "Regardless of who sits in the White House and the congressional halls, without respect to what party label they wear, we will, I believe, have some widespread national health program. The current of thought on this issue has not changed."

A handwritten signature in cursive ink, appearing to read "Edward F. Ryan". The signature is fluid and somewhat stylized, with the "E" and "R" being particularly prominent.



Dentists in the NEWS

Los Angeles (California) Examiner: John P. Buckley, dentist of 7056 Los Tilos Road, who won wide approval in recent years as a defender of honesty in government, has been appointed a member of the Los Angeles Police Commission by Mayor J. F. Bowron. Doctor Buckley, a former president of the American Dental Association, will replace Attorney Charles W. Ostrom, dismissed by Mayor Bowron. As the foreman of the stormy grand jury of Los Angeles County in 1934, Doctor Buckley created a sensation by his forthright action, the story of which was stirringly told by C. M. Woodward in the November, 1936, issue of *ORAL HYGIENE* under the title *THE MOST COURAGEOUS CITIZEN OF LOS ANGELES*. Doctor Buckley's tenure on the grand jury was marked by that tribunal's quarrel over vice, gambling, and graft. He was sued for libel, successfully fought the charge at his own expense, and won the gratitude of many civic leaders. Again in 1937 Doctor Buckley came to public attention when he resigned from the Citizen's Independent Vice Investi-

gating Committee declaring the organization "could get nowhere under the present political setup."

Indianapolis (Indiana) News: In an effort to aid in providing dental service to small income families and at the same time check the trend toward socialized dentistry, the Indianapolis Dental Society has adopted a plan that will permit patients to pay for dental service on the installment basis. It will operate through the Medical and Dental Business Bureau to which patients who wish to take advantage of the monthly pay system will be referred by their dentists. Discussing the plan, Doctor A. C. Harvey, chairman of the public relations committee, said, "Defective teeth cost the American public millions of dollars in lost income each year. Many persons require dental attention to preserve their health. However, they postpone a visit to the dentist because they fear they cannot pay for his services. Under the new program, patients must pay as they pay for an

automobile. They may have the dental work performed now and pay for it in small monthly payments pro-rated over a one-year period."

Cincinnati (Ohio) Enquirer: Ten per cent of the growths which dentists see in the mouths of patients today are cancerous, Doctor Clarence H. Burmeister told the Cincinnati Cancer Control Council recently. Dentists are playing an increasingly important part in the control of cancer, Doctor Burmeister pointed out, because semiannual visits to the dentist are becoming a more widespread custom and most of these growths are seen in the earliest stages when prospects for cure are best. He also emphasized that jagged or loose teeth, gum disease, and ill-fitting dentures may be factors in causing cancer, and advised a close cooperation between the surgeon and dentist in treating cancer of the mouth. "Persons who keep their teeth and mouths well cared for rarely develop mouth cancer," Doctor Burmeister added.

Meadville (Pennsylvania) Republican: For two years Frank B. Bostwick, an American dentist and native of Coshocton, Ohio, has had a ring-side seat at the Spanish civil war. He has been practicing dentistry at Gibraltar, the British fortress that bristles with guns. Now he is back in the United States for a visit and has some comments to make on the Spanish situation. In his 36 years of practice in Madrid, Tangier, and Gibraltar, Doctor Bostwick has watched Spain pass from a monarchy to a republic, and then into the present war. He believes the end of the civil war is still far distant but

that Spaniards are not temperamentally fitted to adopt fascism, and that when peace is finally restored, a coalition government incorporating all political parties may solve the country's problems.

A graduate from the University of Pennsylvania in 1902, Doctor Bostwick was about to leave for China in search of some remote, romantic spot to practice dentistry. Instead he received an appointment as assistant to the court dentist for the Spanish royal family in Madrid and sailed for Spain. A few years later he opened his own office in the Moroccan seaport, Tangier. There a courier came to him one day from the Sultan who needed dental service. As the Sultan wouldn't go to Tangier, Doctor Bostwick made a seven-day trip on horseback to Fex for the "command performance."

New York (New York) Time Magazine: Whether he wanted to test the honesty of the postal employees or was just too tired to reach for an envelope, nobody knows. But it is certain that J. Henry McGowan, a dentist in Cross Plains, Texas, posted a dollar bill, attached by paper clips to a prepaid post card, to the circulation department of the *Radio News* for a six months' subscription. A few days later the post card was delivered in Chicago, the money still attached.

Rochester (Minnesota) Bulletin: A post-graduate dental college on wheels, which stopped here on its recent tour of the state, is being sponsored by the state department of health and the Minnesota State Dental Association to bring Minnesota practitioners reports on the latest scientific developments in den-

tistry for children. Intensive one-day courses were given in six cities under the direction of Doctor Kenneth A. Easlick, professor of children's dentistry at the University of Michigan. He was accompanied by Doctor Vern D. Irwin, superintendent of dental education of the state health department. A physician in each community visited also discussed the relationship of dentistry to the practice of medicine for children. This method of giving illustrated lectures and demonstrations on dentistry for children is part of a national program of the United States Public Health Service and the Federal Children's bureau to improve the health of the children of the nation.

Philadelphia (Pennsylvania) Record: One of the first friends a child should make outside his own family circle, when he is from 2½ to 3 years old, is the dentist, in the opinion of Doctor Allan Dafoe, medical supervisor of the Dionne Quintuplets. In his health column he points out that in all his work with the Dionne sisters he has had the utmost cooperation and advice from the University of Toronto. When he decided to have stains on the children's teeth removed he appealed to the University, and Dean Mason of the Dental College and Doctor W. G. Thompson came from Toronto bringing with them a machine for polishing teeth. That was the Dionne's first introduction to dentists, and it has been such a happy relation, according to Doctor Dafoe, that each child now has 20 beautiful, healthy teeth with no caries whatever. Children, Doctor Dafoe believes, should be taught to assume the responsibility of brushing their own teeth as young as possible. "Since they were a year and a

half old," he said, "the Dionne children have done their own brushing."

Memphis (Tennessee) Press-Scimitar: Unlike the Washington clubwomen who chained themselves to cherry trees to save them, Doctor Lawrence Busby found a more practical way of preserving a tree that stood in the way of an addition to a building. He annexed it. When Doctor Busby decided to extend the brick bungalow he recently purchased at Garland and Galloway for a home to house his dental offices, a handsome oak tree disputed the right of way. Rather than destroy the tree, he had workmen build around it, so now it's a member of the family. It forms an umbrella which shades the office all day long in summer, and provision is made for the tree's growth for many years to come. Even if the "collar" should become too tight a small saw will loosen it without injury to the root.

Boston (Massachusetts) Evening Globe: A home telescope, the creation of Harrison L. Berg, a dentist at 1643 Washington Street, West Newton, is arousing considerable interest among amateur astronomers. The eight inch reflecting type of glass used in the telescope was ground by Doctor Berg at the cost of great patience and precision. Beginning with ordinary pyrex glass, he worked on the lens in his spare time for seven months shaping and grinding it with carborundum. Then he made the tube, the focusing device, and the mounting. Four nights a week he and a dozen of his friends, also telescope enthusiasts, meet to look at the planets. Formerly a devotee of land-

scape painting, Doctor Berg is now spending all his free time on astronomy. On a trip this summer he found the West and middle West ideal for astronomical observations because of the clarity of the atmosphere.

San Francisco (California) News: Consul officials of six Latin-American republics agreed at a meeting in this city with the alumni of the College of Physicians and Surgeons School of Dentistry that they will cooperate to bring students from their countries to San Francisco for professional education. The consul officials present were: G. Alvera Leyca of Nicaragua; Luis Martin Drago, Argentina; Mario Santos, Brazil; Bolivar Aviles Alfaro, Ecuador; Jorge Ramirez, El Salvador; and William Fisher of the Dominican Republic. At the same meeting, Doctor John H. Conroy of San Francisco was elected president of the Association.

Arcadia (California) Tribune: At a meeting of more than 600 public health nurses, physicians, educators, and others, Doctor Lyman D. Heacock emphasized the importance of dental health education in a general public health program. His subject was dental education and he pointed out the fact that, although public health nurses engaged in school work were interested primarily in children after they had entered school, there are two other periods of a child's health development considered more important from the point of view of dental health education. "These are the prenatal and preschool phases," Doctor Heacock said.

Pittsburgh (Pennsylvania) Post Gazette: At 82, Doctor Herman Haupt, who has practiced dentistry for fifty years, has an average bowling score of 107 pins in twelve league games this season, which he predicts will be just as good when and if he reaches the age of 100.

OPPOSING VIEWS ON HORACE WELLS

(Continued from page 35)

guages, and in particular Mr. Miller will suggest the use of said additional information and material in the contemplated motion picture version of *TRIUMPH OVER PAIN*, in order that full justice shall be done to Horace Wells."

W. Harry Archer says in conclusion:

"René Fülöp-Miller, his representative, Theodore Baumfeld, and Lambert Davis, Editor of the Bobbs-Merrill Company, Publishers, all proved to be most willing to work harmoniously towards a fair solution of this controversy and are entitled to the thanks of the profession for their cooperative attitude."

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Roentgenography

Q.—I should appreciate any information on these questions pertaining to roentgenography.

1. How can you differentiate a granuloma from a periapical abscess?

2. How would you take a lateral plate picture without causing the maxillae to be super-imposed on each other?—P. B. C., New York.

A.—It is not always possible to differentiate a periapical abscess and granuloma in a roentgenogram. If the abscess is acute, there is a radiolucent area about the root end with little or no hyperplasia of the surrounding bone. In the case of a well established granuloma the radiolucent area is more or less surrounded by bone hyperplasia. Sometimes this hyperplasia is rather extensive and of an even radiopacity and sometimes there is an extremely radiopaque ring around the radiolucent area and a diminishing area of hyperplastic bone surrounding the extremely radiopaque ring.

In making an extra oral or lateral jaw roentgenogram the patient's face is placed on a 6 x 7 cassette with intensifying screens, the side of the face to be photographed being on the screen. If the third molar regions are desired the face is so placed that the nose is about $\frac{3}{4}$ of an inch

from the screen and the chin is turned away from the neck as far as possible. The central ray is directed at a point immediately below and to the distal of the angle of the mandible and at an angle of about 25 degrees. That is, the ray entering at the point specified should emerge on the opposite side of the jaw at about the third molar tooth. If the mental foramen is to be shown the face should be tipped until the nose touches the cassette.—GEORGE R. WARNER.

Pyrexia and Caries

Q.—Can you give me any information or reference as to high temperatures causing declarification of enamel and subsequent gum margin cavities?

As examining dentist for an insurance company, I have a case in which the patient claims compensation for cavities occurring within a year after a streptococcus infection following an injury that involved the left arm.

The high fever which accompanied the illness is blamed for gum margin cavities, since the patient's personal dentist did not see any indication of them just prior to the accident.

I know there is some basis for his claim and see no reason to doubt the veracity of his dentist but would like to know more about it.—B. E. W., New York.

A.—We have never seen or heard of anything in dental literature about high pyrexia per se being in causal relation to dental caries.

It is possible that the interference with general metabolism in connection with the condition causing the pyrexia has resulted in or caused the caries.—GEORGE R. WARNER.

Denture at Fifteen

Q.—I have a patient, 15, who has lost all of her upper teeth through dental caries. I think the jaws will continue to develop for some time, so do not know what to do in this case. What is the earliest age a full upper denture could be made satisfactorily?—P. B. P., Minnesota.

A.—There is little change in the jaws after fifteen years of age, because at that time all of the permanent teeth are in place except the third molars. It would seem to us, therefore, that you can make a full upper denture at this time that will be satisfactory.—GEORGE R. WARNER.

Defective Enamel

Q.—My patient is a young girl of 18, studying to be a teacher and much concerned about her appearance. As a result of some childhood illness she has a mild case of atrophy throughout the anterior enamel surfaces. I have tried to polish out these tiny stubborn black pits with little success.

She is particularly concerned with the atrophy running like a band through the middle third of the upper centrals and insists that I correct this with porcelain jackets. There is no proximal caries and I do not want to place jackets unless they are necessary. Please advise me as to:

1. Best method of cleaning these pits.

2. Are porcelain inlays esthetic in these cases?—M. H. B. Illinois.

A.—Small pit type enamel defects can often be successfully handled with silicate cement, both as to esthetics and durability of restoration material. The larger areas should perhaps be restored with porcelain inlays. The esthetic result is not as good as with porcelain jacket crowns but is satisfactory. Like yourself I should dislike to cut down good teeth for porcelain jackets if not absolutely necessary.—GEORGE R. WARNER.

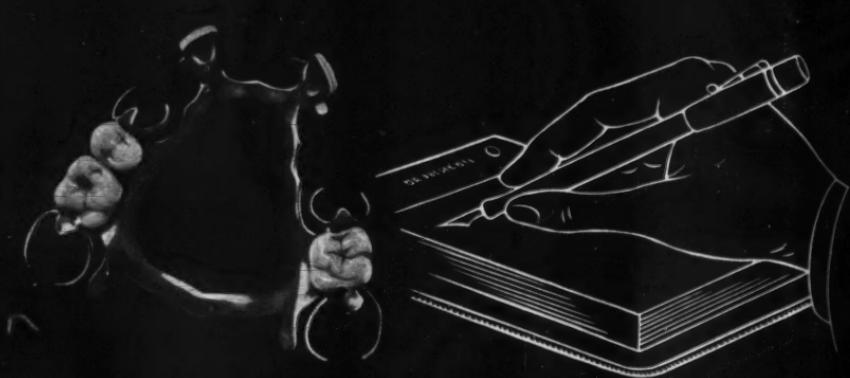
Excess of Saliva

Q.—I have a patient, a man, 50, for whom I have made several dentures during the last three years. The dentures fit well but he complains of an excessive amount of saliva under the upper denture, which I am at a loss to explain.—W. K. S., Indiana.

A.—Locate the orifice of Stenson's ducts which normally are located in each cheek about opposite the second molar teeth. Either one or both of these ducts may discharge their saliva abnormally high in this man's mouth so that it enters above the buccal border of the denture.

I would suggest that you experiment by trimming and polishing and adding wax to this portion of the denture until the saliva is excluded. It might be well also to check carefully the post dam seal of the denture.

When you have succeeded in excluding the saliva with wax or modeling compound, which you may have the patient wear at home for a day or two, if you wish, it is a routine laboratory procedure to reprocess the denture to this contour.—V. CLYDE SMEDLEY.



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Polly (shrilling): "Yes, sir! Yes, yes, yes! Yes, indeed! You're absolutely right. Yes, sir!"

Warden: "What! You back again?"

Convict: "Yeah. Any letters?"

Fred: "You paid court to that chorus girl once, didn't you old man?"

Karl: "Yes, and I'm still paying the court."

Mrs. Peck: "Henry, did you ever have more money than you knew what to do with?"

Henry: "I must have had or I never would have got married."

Father: "I think I'll go down-stairs and send daughter's young man home."

Mother: "Now, dear, remember the way we used to court!"

Father: "Gosh, I hadn't thought of that! Out he goes!"

Mrs. Gabley: "This morning Mrs. Crabbe told me the very gossip I asked you not to repeat to anyone because I promised Mrs. Bone I wouldn't tell."

Mrs. Jabber: "Why, the mean thing! She promised me she wouldn't tell a soul. I'll certainly tell her a thing or two."

Mrs. Gabley: "Oh, no! Don't do that. I told her I wouldn't tell you she had told me you told her."

Auctioneer: "What am I offered for this beautiful bust of Robert Burns?"

Man (in crowd): "That ain't Burns . . . that's Shakespeare."

Auctioneer: "Well, folks, the joke's on me. That shows what I know about the Bible."

Teacher: "If a number of cattle is called a herd, and a number of sheep is called a flock, what would a number of camels be called?"

Little Boy: "A carton."

Shopper: "I want to buy a present for my wife."

Floorwalker: "How long have you been married?"

Shopper: "Ten years."

Floorwalker: "This way to the bargain basement, sir."

First Charmer: "I always feel better after a real good cry."

Second Charmer: "It gets things out of your system, eh?"

First Charmer: "No, it gets things out of my husband."



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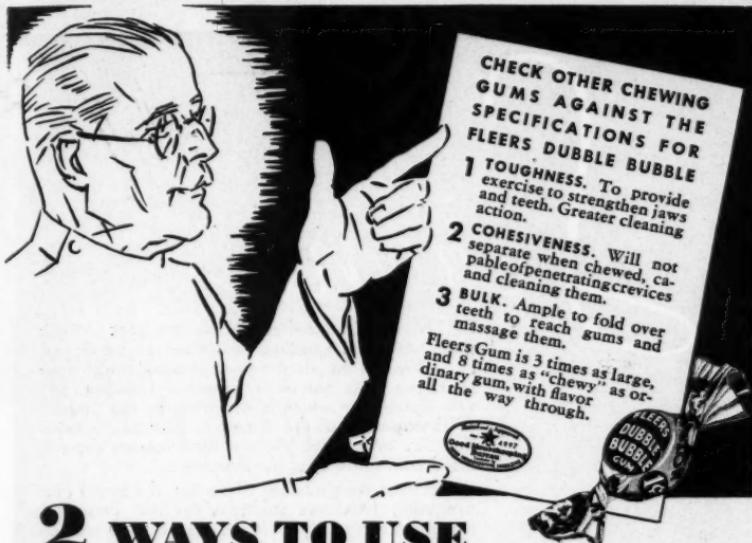
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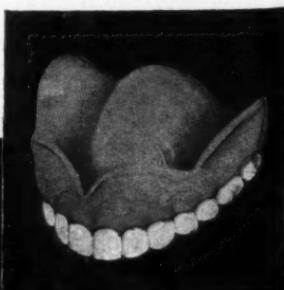
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Good Dental Care



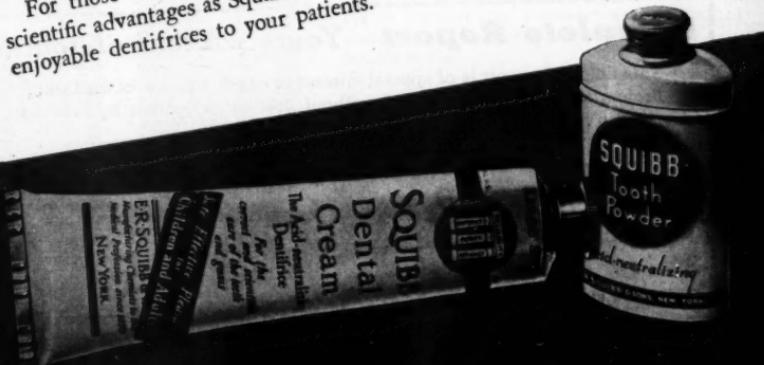
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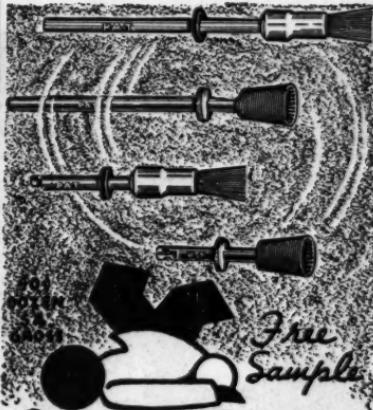


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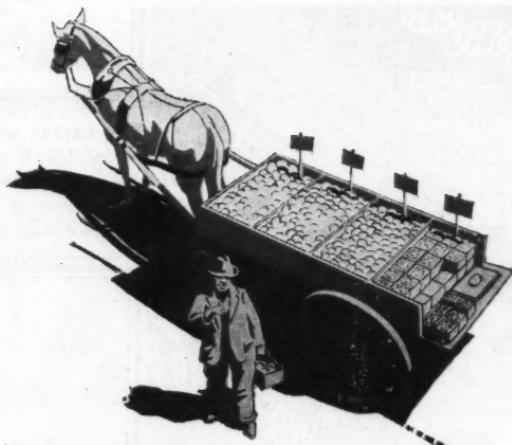
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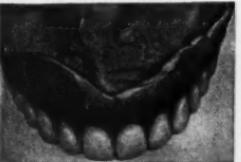
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*Clark, Henry B., J.A.D.A., October, 1934.



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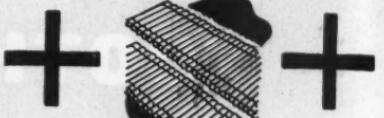
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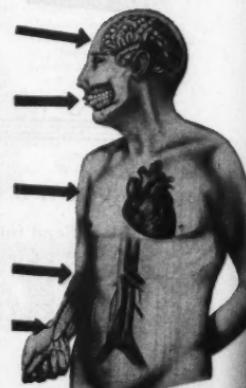
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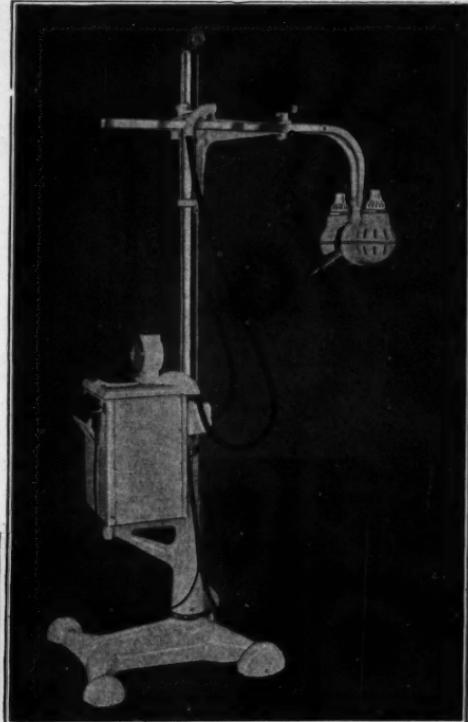
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Let us start with the design of the second bicuspid and first molar, which are on the most favorable section of the ridges and which, as every dentist knows, represent the principal masticating part of the lower posteriors.

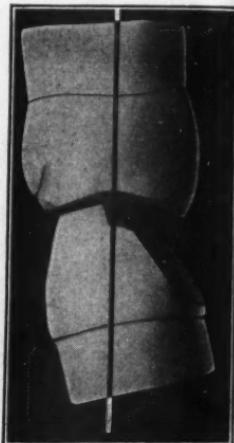
To enable us to push the teeth in lingually, so that the lines of force will pass within the center

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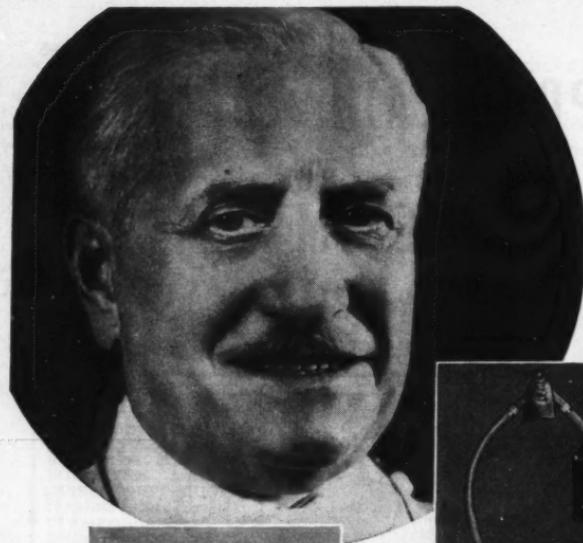
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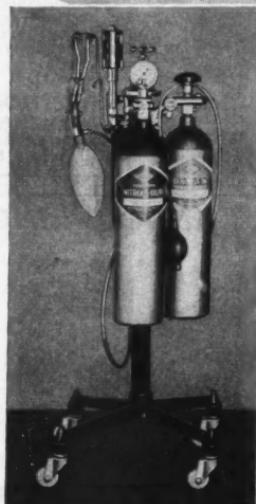
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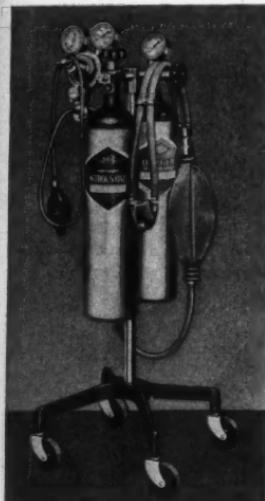
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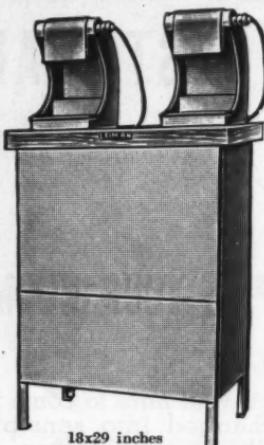
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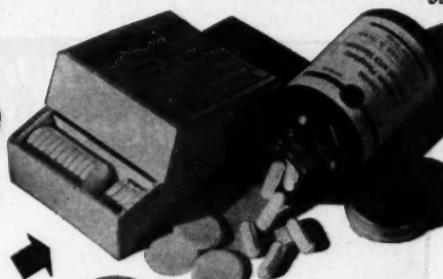
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Moreover, it is well known that even with a sufficient calcium-phosphorus intake, the utilization of these elements is ineffectual unless the factors that control their absorption are also present in proper amounts.

If the diet of average patients under normal circumstances lacks adequate calcium and phosphorus, growing children and pregnant women must stand in even greater need. The recommendation, by dentists, of a dietary supplement such as Dicalcium Phosphate Compound with Viosterol Squibb, seems only logical.

Dicalcium Phosphate Compound with Viosterol Squibb provides calcium, phosphorus, and Vitamin D in ample and therapeutically effective quantities. It is supplied in both tablet and capsule form. One pleasantly flavored tablet (or two capsules) contains 9 grains dicalcium phosphate, 6 grains

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The capsules are useful as a change from tablets especially during pregnancy when nausea tends to restrict normal food intake. Tablets are available in boxes of 51 and 250; capsules in bottles of 100 and 1000.

¹ *J. A. M. A.* 100:1002, (April 1), 1933.

4 TABLETS

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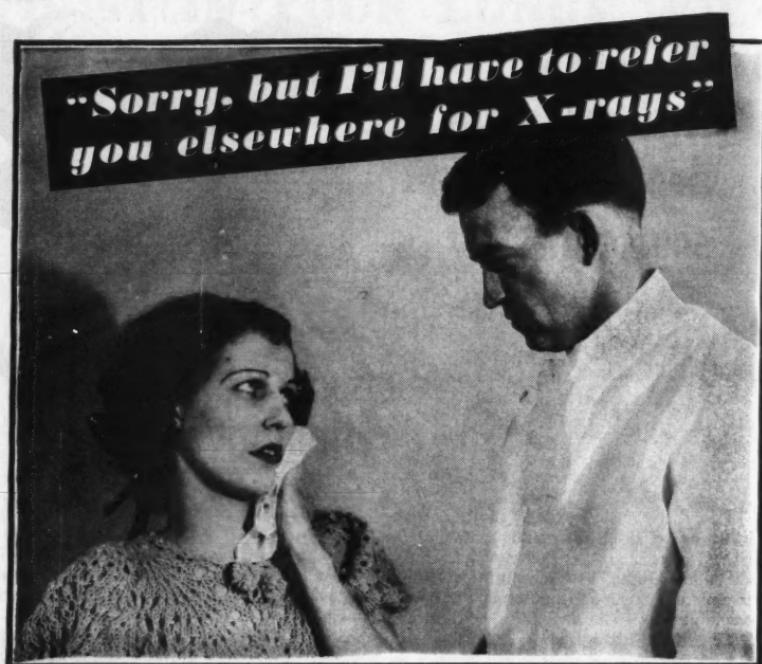
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Bread (white)	7.3	Meat (lean beef)	26.4
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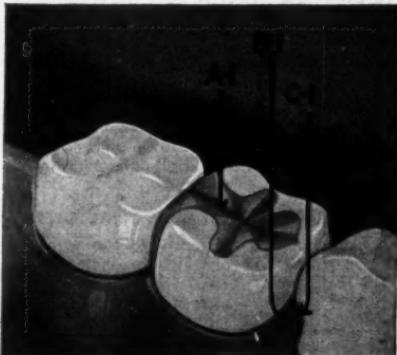


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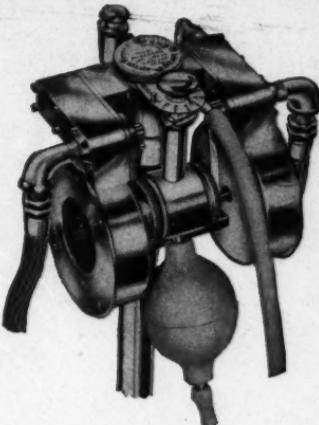
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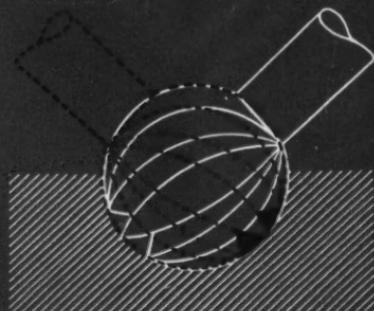
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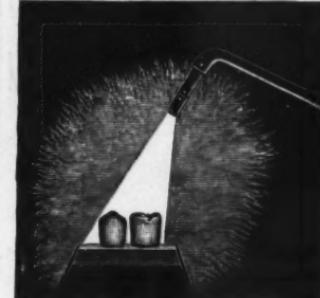
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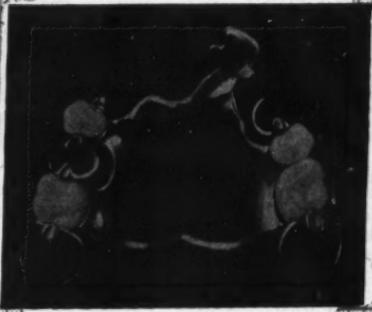
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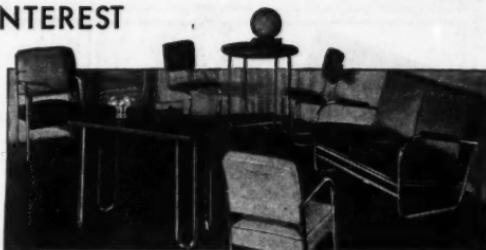
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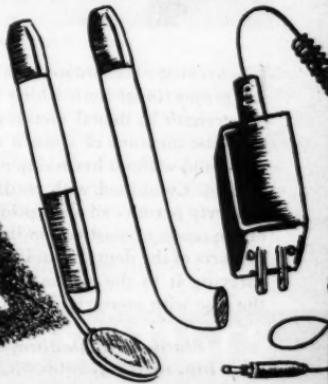
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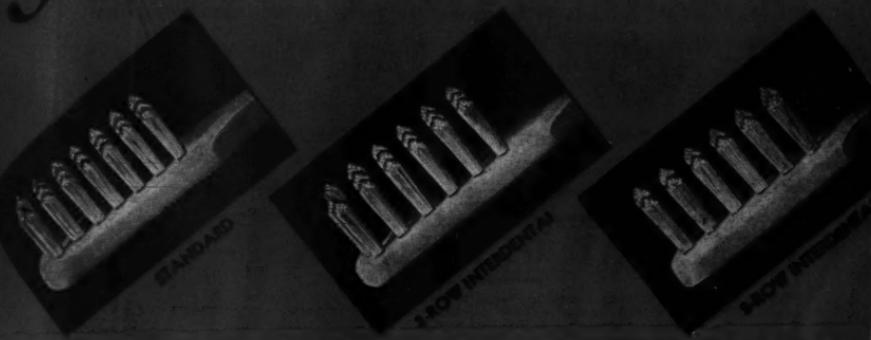
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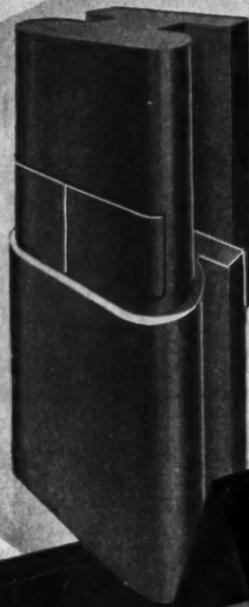
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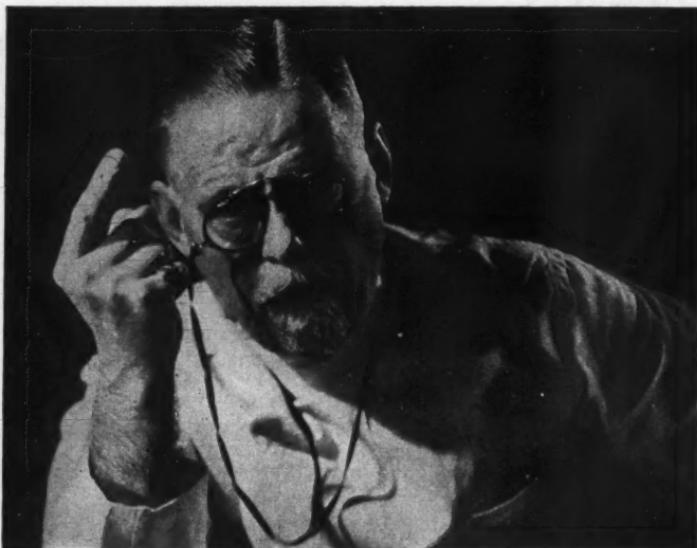
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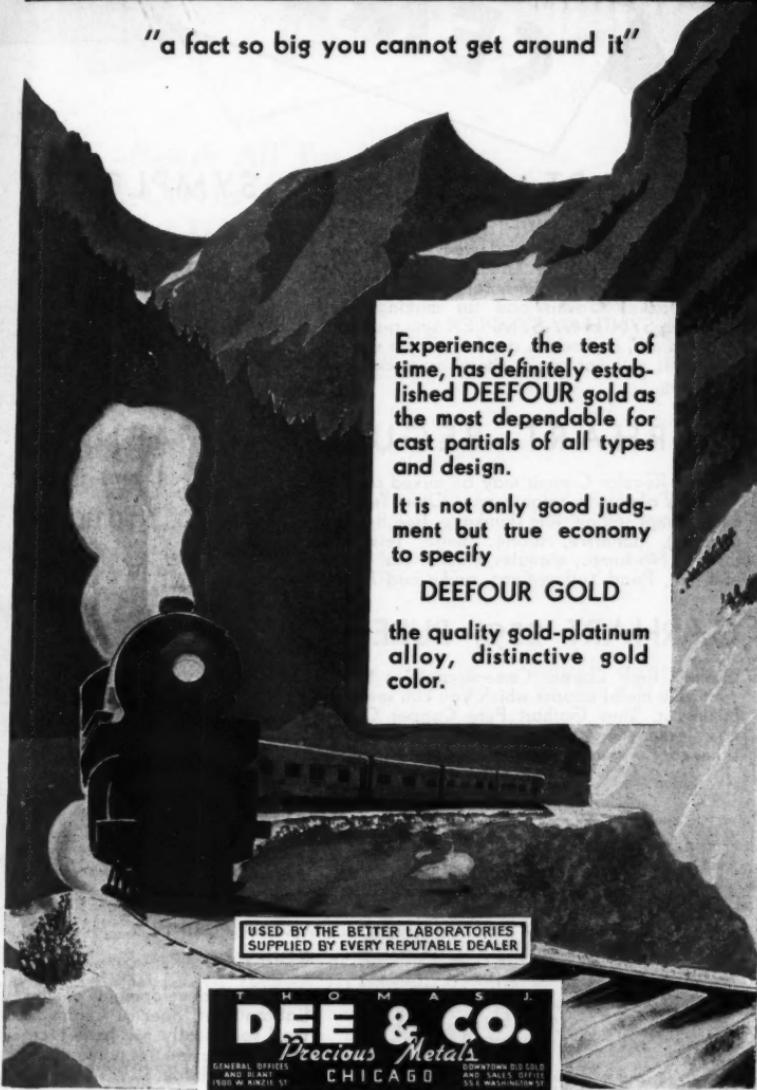
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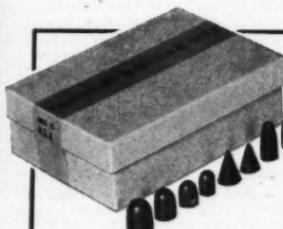
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In previous experiments it has been shown that the analgesic in Alka-Seltzer is presented in the form of an acetylsalicylate (Exp. No. 1); that Alka-Seltzer exerts a local antacid effect in the stomach (Exp. No. 2); that it provides a systemic alkalizing action after absorption (Exp. No. 3); that it tends to hasten gastric emptying time in cases of persistent gastric hyperacidity (Exp. No. 4); that it helps to relieve gastric hyperacidity following alcohol consumption (Exp. No. 5); that it is more rapidly evacuated from the stomach than plain aspirin (Exp. No. 6); that it dialyzes more rapidly than aspirin suspensions (Exp. No. 7); that single doses of from 10 to 20 grains of acetylsalicylic acid as aspirin or Alka-Seltzer exert no demonstrable untoward effect on the heart (Exp. No. 8); that Alka-Seltzer reduces the acidity of the urine (Exp. No. 9).

RESEARCH PROBLEM NO. 11

To determine by analytical studies: (1) The relative proportions of both salicylic acid and acetylsalicylic acid as either free acids or as salts bound with sodium in solutions of Alka-Seltzer tablets. (2) To make comparative analyses of solutions of mixtures of sodium bicarbonate and acetylsalicylic acid.

Experimental Method. Lack of space precludes a detailed description of analytical procedures which, however, included (1) Method for Determination of Free Salicylic Acid, (2) Method for Determination of Bound Salicylic Acid, (3) Method for Determination of Free Acetylsalicylic Acid, (4) Method for Determination of Total Acetylsalicylic Acid, (5) Method for Determination of pH.

Results. Analytical data are presented for free and bound salicylic acid and for free and total acetylsalicylic acid in solutions of Alka-Seltzer tablets in distilled water standing at room temperature for from 1 to 3 hours after effervescence has ceased.

Data presented in this report indicate that the sodium acetylsalicylate in an aqueous solution of Alka-Seltzer remains stable for more than 3 hours; it does not decompose with formation of either free acetylsalicylic acid or salicylic acid.

Analytical data for aqueous solutions of Alka-Seltzer presented in this report confirm findings of earlier analytical studies described in previous reports. Results of all analytical studies made to date indicate that solutions of Alka-Seltzer in water after effervescence has ceased contain all of the acetylsalicylic acid bound with base. Since this and previous series of analyses have revealed no free acetylsalicylic acid and since neither salicylic nor significant amounts of free salicylic acid have been found in experiments reported herein, it is evident that the acetylsalicylate in the solution of Alka-Seltzer does not undergo hydrolysis, i.e. it remains stable during standing at room temperature for at least 3 hours.

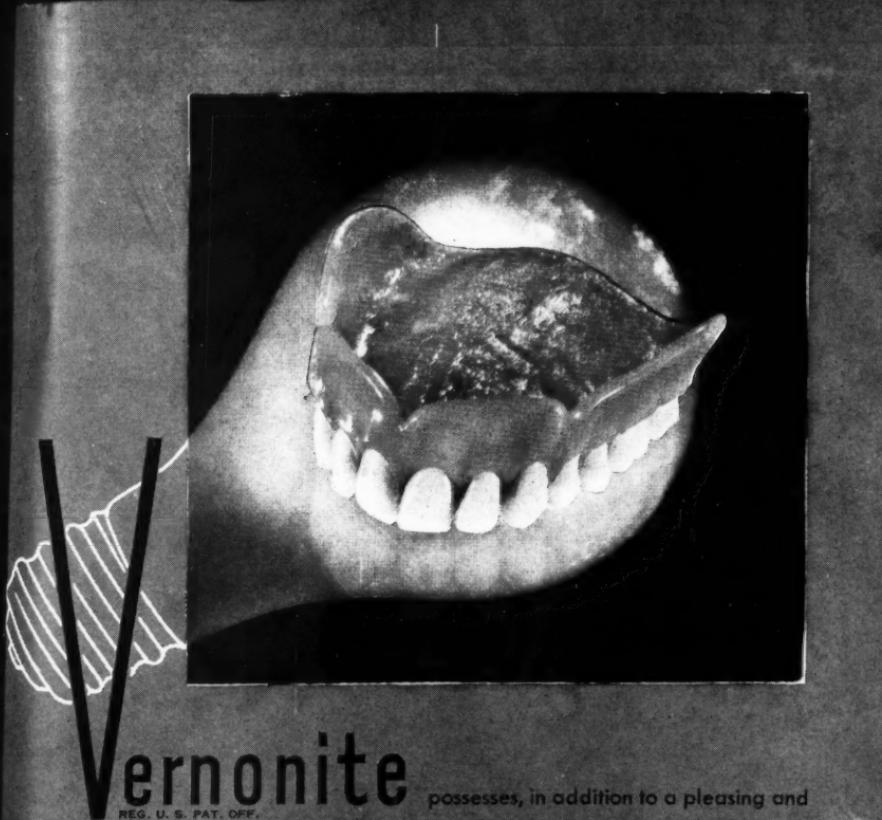
By contrast an aqueous solution of sodium acetylsalicylate prepared by adding to water a mixture of sodium bicarbonate and acetylsalicylic acid in proportion to their combining weights contained free acetylsalicylic acid and bound salicylic acid and the concentration of free acetylsalicylic acid was increased on standing for 3 hours.

An Alka-Seltzer tablet dissolved in a glass of water makes a sparkling, effervescent solution which helps to give relief from "sour stomach" brought on by indiscretions in eating and drinking and helps to relieve such minor symptoms as headache and discomfort accompanying the early stages of a cold.

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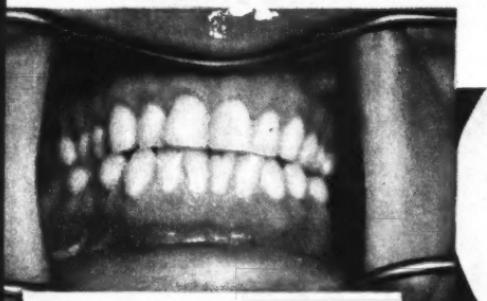
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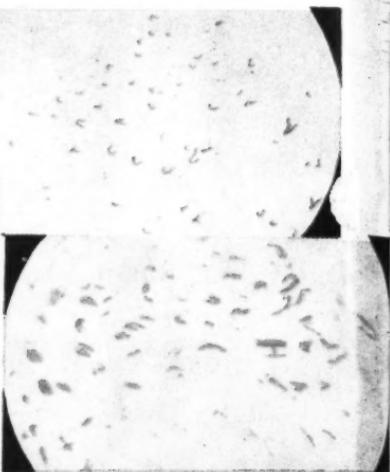
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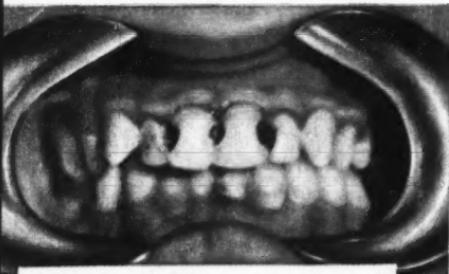
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TINY CAPILLARIES
to show the importance of
GUM STIMULATION

Extensive photomicrographic and biopsy study by a well known university dental clinic reveals that a "chewy" diet and massage definitely help maintain teeth and gum health. Lack of adequate stimulation may bring about stagnant capillary circulation and the gingival conditions that this may cause.

IPANA massage can stimulate capillary circulation to aid nutrition of teeth and gums. Removal of waste matter is facilitated by an increased diffusion rate between blood and lymph. More resistant gums mean better teeth...IPANA brushing cleans and polishes teeth safely...Samples of IPANA and new research literature on request.



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